

**Health Services Complaint and Treatment Form 720\_F17\_7-12**



VIRGIN  
DEPARTMENT OF CORRECTIONS

Health Services Consultation Report 720\_F23\_7-12

# Health Services Consultation Report

**DO NOT TELL  
OFFENDER ABOUT  
APPOINTMENTS**

**PLEASE BILL TO ANTHEM**

<b>Sending Facility:</b>	HAYNESVILLE CORRECTIONAL CENTER		<b>Date:</b>	1/3/2020	
<b>Offender Name:</b>	Lucas, Casel		<b>Offender #:</b>	1080673	
<b>SS#:</b>	228-29-8166	<b>DOB:</b>	8/8/1969	<b>T/D:</b>	4369269
<b>Allergies:</b>					
<b>Current Medications:</b>	SEE MARS				
<b>Referred By:</b>	LEONARD LEVIN, MD		<b>Referred To:</b>	VCU General Surgery	
<b>Medical Complaint:</b>	Procedure				

VCUHS, CASEL  
4369269  
DOB: 08/08/69  
N B 54Y  
FOSTER PA (SURI, REGIN  
VISH: 706 175696453  
VCUHS  
UROG

## **CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:**

<b>Findings:</b>	Post-Void Residual: 19	
<b>Lab or X-ray Results:</b>		
<b>Diagnosis:</b>	LUTS	
<b>Treatment and Medications Recommended:</b>	Continue Finasteride & Flomax may add oxybutynin will complete VA Forms	
<b>Restrictions:</b>		
<b>Consulting Physician:</b>	<i>[Signature]</i>	<b>Date:</b> 1/3/20
<b>Follow-up appointment date and time:</b>	Months follow up 5/1/2020 @ 800AM	

Revision Date: 1/17/07

**PLEASE FAX NOTES/RESULTS TO 804-333-3826**

**VIRGINIA DEPARTMENT OF CORRECTIONS/VCU MEDICAL CENTER**  
**PRE-REGISTRATION REQUEST FORM**  
 (This form is to be used when requesting tests or clinic/telemedicine appointments)

**PATIENT INFORMATION**

Date: <u>9/3/19</u>	Demographic Sheet Included:		
Name (last name, first name, middle initial): <u>Lucas Casel</u>			
Date of Birth: <u>8/8/1965</u>	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Race: <u>Black</u>	SSN: <u>228-29-8166</u>
Inmate ID #: <u>1080673</u>	Release Date: <u>4/22/2027</u>	VCUHS MR #	

**FACILITY INFORMATION**

Correctional Facility: HAYNESVILLE CORRECTIONAL CENTER		Address: PO BOX 129	
City: HAYNESVILLE	VA	Zip Code: 22472	
		Phone: 804-250-4136	Fax: 804-333-3826
Facility Physician: DR LEONARD LEVIN/DR ADAN DURRANI		Person completing form:	

**REQUEST DETAILS**

Appointment Request for <u>Pulmonology</u> Clinic <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> New Patient <input type="checkbox"/> Follow up  Next available appointment will be given.	If checked, please forward information ASAP prior to scheduled appointment. NOTE: Send Current MAR and recent lab/diagnostic reports in travel envelope for ALL OnSite visits. <ul style="list-style-type: none"> <li>○ Current Medication Record</li> <li>○ Recent labs</li> <li>○ EKG</li> <li>○ Films or x-rays with actual reports</li> <li>○ Immunization Record</li> <li>○ Vital Sign Sheet</li> <li>○ Neurosurgery Questionnaire</li> <li>○ MRI Checklist</li> <li>○ DISK – send with Pre-Reg</li> </ul> <table border="0"> <tr> <td>VCU Medical Center</td> <td>OR</td> <td>VCU Medical Center</td> </tr> <tr> <td>Department of Telemedicine</td> <td></td> <td>Security Care Clinic</td> </tr> <tr> <td>P.O. Box 980531</td> <td></td> <td>P.O. Box 985879</td> </tr> <tr> <td>Richmond, Va. 23298-0531</td> <td></td> <td>Richmond, VA 23298-0531</td> </tr> </table>	VCU Medical Center	OR	VCU Medical Center	Department of Telemedicine		Security Care Clinic	P.O. Box 980531		P.O. Box 985879	Richmond, Va. 23298-0531		Richmond, VA 23298-0531
VCU Medical Center	OR	VCU Medical Center											
Department of Telemedicine		Security Care Clinic											
P.O. Box 980531		P.O. Box 985879											
Richmond, Va. 23298-0531		Richmond, VA 23298-0531											

Please provide DIAGNOSIS and/or REASON for the visit

See attached QMC - Hx of exposure to nerve gas in Gulf War - also nerve agents - SOB after walking

**SPECIAL NEEDS INFORMATION**

<b>CHECK ALL THAT APPLY:</b>		<input checked="" type="checkbox"/> Other special needs:
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Are Sign Language Interpreter Services needed?	
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Is a Foreign Language Interpreter needed and if so what language?	
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Is the Patient on a ventilator &/or on a stretcher?	
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Does the Patient have a trachea tube?	
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Is the Patient being transported by an ambulance?	

**Appointment Process & Important Information**

All requests for clinical services at VCUHS **must** be authorized and signed by the referring facility's authority.

- Barbara Granderson – 628-0425, Naomi Boswell 628-4500, Lakita Boyd 628-3805
- FAX this form to Barbara Granderson/Naomi Boswell: (804) 628-3932 to request Telemedicine service.
- FAX this form to Lakita Boyd: (804) 325-2923 to request Onsite service.

**SCHEDULED APPOINTMENT**  
 (This section to be completed by VCUHS Staff)

|| TELEMEDICINE || ON-SITE at VCU-Medical Center

Date:	Time:	AM PM
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VIRGINIA  
DEPARTMENT OF CORRECTIONS

Health Services Co. Station Report 720\_F23\_7-12

## Health Services Consultation Report

**DO NOT TELL  
OFFENDER ABOUT  
APPOINTMENTS****PLEASE BILL TO ANTHEM**

Sending Facility:	HAYNESVILLE CORRECTIONAL CENTER		Date:	3/12/2020	
Offender Name:	LUCAS, CASEL		Offender #:	1080673	
SS#:	228-29-8166	DOB:	8/8/1969	T/D:	4369269
Allergies:					
Current Medications:	SEE MARS				
Referred By:	LEONARD LEVIN, MD		Referred To:	VCU PULMONARY CLINIC	
Medical Complaint:	FOLLOW UP				

LUCAS, CASEL  
4369269  
03/12/20 M B 50Y  
DEFAULT PROVIDER  
PULO  
VISH: 706 175724351  
VCUHS  
DOB: 08/08/69

**CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:**

Findings:	See attached	
Lab or X-ray Results:		
Diagnosis:	① Suspect COPD - will obtain PFTs ② Allergic rhinitis	
Treatment and Medications Recommended:	① Switch Alvesco to Advair or similar ② Start nasal steroid spray	
Restrictions:		
Consulting Physician:	Alpha Fowler	Date: 3/12/20
Follow-up appointment date and time:	3 mos	

B/V

Revision Date: 1/17/07

PLEASE FAX NOTES/RESULTS TO 804-333-3826

June 11th 2020 @ 8:00 AM

AP  
3/16/2020



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720\_F17\_7-12

# Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case 1 Number: 1080673

Last

First

Signature and Title

Date/Time

Complaint and Treatment

9/11/20 730p	Offender requesting renewal of D-Cerin and Visine. Chart to MD/NP.	Kylangford, RN
9/14/2020 618 Noted 9/20/20 Q. Baugh, RN	Emollients are available in the commissary. Memo * Visine tear drops, 2 drops ea eye BID x 90 days. EMT	A. Baugh, RN
9/28/2020 754 Noted 10/1/20 JP 9/28/20 11 AM	Cats from 9/21/2020 Acceptable	A. Baugh, RN
10/1/2020 1515	Review Biotene Mouthespray 2 spray QD PRND. Mouth S8 in APRNDNP-C await approval for nonformulary med. previously Rx Dental.	
10-2-2020 9A 193# 97° 18 107/79 72 95%		
10/6/2020 0730	pt seen and evaluated for S/Lu from pulmonology	
117/75 69 97%	visit by telephone 9/10/2020 PFTs completed	
189.6 98.7 16	by specialist, reviewed med list and current inhalers, discussed risk/benefits of meds. Review all notes from specialty noted request to add medication for allergy symptoms and Δ Atrovent to LAMA. TTE completed mild regurgitation EFGS-70%.	
Noted Johnson 10/6/20 11P	Obstructive COPD 1) Stop Atrovent to LAMA Obstructive COPD 2) Start increase ellipta 1 puff. inhaled QID x 90 days Allergic Rhinitis 1) Zyrtec long POQD x 90 days ✓ CV: KMR, hemop UTABL Today ABD soft & tender Skin warm/dry ⊕ ROM ⊕ Cap ref: 11.2 sec S8 in APRNDNP-C	
10/8/2020 1245	Emollients are available in commissary please bring receipts for eval of medical need for Decim cream refill per 9/14/2020 note - S8 in APRNDNP-C	
Noted 10/13/20 Cap Kylangford, RN		

COPY



## Patient Report

Specimen ID: 247-245-0730-0  
Control ID: TSJ45311290

Acct #: 45311290

Phone: (804) 333-3577

Rte: 05

LUCAS, CASEL

Haynesville Correctional Ctr  
PO Box 129

Haynesville VA 22472



## Patient Details

DOB: 08/08/1969  
Age(y/m/d): 051/00/26  
Gender: M  
Patient ID: 1080673

## Specimen Details

Date collected: 09/03/2020 0000 Local  
Date received: 09/03/2020  
Date entered: 09/03/2020  
Date reported: 09/05/2020 1135 ET

## Physician Details

Ordering: L LEVIN  
Referring:  
ID:  
NPI: 1679545792

## General Comments &amp; Additional Information

Total Volume: Not Provided

Fasting: Yes

## Ordered Items

HIV Ag/Ab with Reflex; RPR; Request Problem

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HIV Ag/Ab with Reflex					
HIV Screen 4th Generation wRfx	Non Reactive			Non Reactive	01
RPR	Non Reactive			Non Reactive	01
Request Problem	No specimen received.				01
TEST: 183160	Ct, Ng, Trich vag by NAA				

01 BN LabCorp Burlington  
1447 York Court, Burlington, NC 27215-3361

Dir: Sanjai Nagendra, MD

For inquiries, the physician may contact Branch: 800-873-7251 Lab: 800-762-4344

COPY

Case F, LCCAS

VSP# 1080673

Tox Claim

Deliberate Indifference, Negligence  
Endorsement of Contaminated Food Service  
Area during Lunch & Dinner Meal Preparation  
and served to Population

Exhibit

Exhibit

#

9

Grievance

DCC-20-Inf-00706

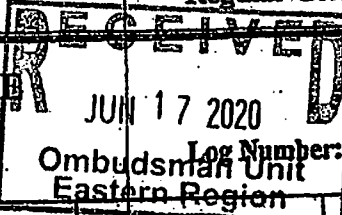
Denial of Intake of Grievance  
Revised.



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866.FI.4-17

## REGULAR GRIEVANCE



LUCAS Case 1	1082073	2 A	2-A-38-B
st Name, First	Number	Building	Cell/Bed Number
Food Service, Security, Medical, Hcc Administration	24 Apr 2020	1041 AM	HCC
Individuals Involved in Incident	Date/Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) Food Service Area Contaminated by DORM 6: A Entire DORM of 75 COVID 19 infected inmates while the compound lunch meal was being prepared and served. The Dinner Meal was also prepared & served while these inmates were being seen by Medical Staff of HCC & Outside Medical Staff. This was done while MY TRAY was being prepared. This is a serious violation, Health Dept. Violation, & Federal Health Code Violation. I am an Inmate with DIRE Medical Issues. I am Identified by Medical Staff AS A Critical & Chronically At Risk Inmate COVID 19 until till Me. 1) Chronic Lung Issues from exposure of Chemical vapors Methyl Fats & Sardin Gas. (2) I am a Diabetic (3) Hypertension (4) Irregular Heart Rhythm. The Haynesville Kitchen has NOT Decontaminated until sometime 5 PM. It was done by an outside source. My entire DORM 2-A. WATCHED The Decontamination Team Clean the Kitchen.

What action do you want taken? 1) To Never Contaminate Any Part of the Kitchen & Food Service To Conduct any COVID 19 exams on any Medical Treatment. That is what the Medical Dept is for. I was Denied my 2 meals by law that should not have been Purposely exposed to COVID 19 Contamination. I want my 2 meals that was loss to be given to me. I must be Protected from Wreckless Contamination and My Food must be Protected.

Grievant's Signature: Carol F. Lucas RECEIVED Date: 21 May 2020

Varden/Superintendent's Office: MAY 26 2020

Date Received: By: GRIEVANCE OFFICE



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_4-17

**INSTRUCTIONS FOR FILING:** You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

**INTAKE:** Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1.
<input type="checkbox"/>	Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1 <i>Offender Discipline</i> .
<input type="checkbox"/>	Matters beyond the control of the Department of Corrections
<input checked="" type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue - resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i> .
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: Russell Brown, IV Date: 5-26-26

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input checked="" type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: ACoshs Date: 6-18-2020

**WITHDRAWAL OF GRIEVANCE:** I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

VIRGINIA

DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request #011,711

Offender Request MAY 26 2020

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

GRIEVANCE OFFICE

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Yucas	CASEI	F.	1080673	2-A-38-B
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
2 A Unit Custodian	Ms. Robinson	21 May 2020		

- TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
- ☐ Chaplain ☐ Assistant Warden ☐ Warden ☒ Other Ms. Brown Ombudsman

## CHECK PURPOSE

- ☐ Appointment Request ☐ Question/Statement

Ms. Brown, you asked me to explain this incident in the kitchen affected me, my personal loss of form.

1) Check The COVID-19 Warning it is not confidential and I have made several Mental Health Complaints. (2) Ask Ms. Ridley are my fears real & for lifetime.

3) My Medical Issues with my lungs are 100% Critical & Chronic. & I have provided you 113 Det. of Veterans Affairs Documentation, USMC Pension Sheet & a copy of my 4 Inhalers MicroBreathing Chamber.

(4) This I was hurt by this Negligent Action Mental Health Detouring. I was hurt physically by being deprived of 2 meals. I could not risk eating that food, my continued

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☒ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

Everything you have said is what you assumed would happen. Grievances are based on ~~ass~~ facts; not assumptions. You were not denied meals; you chose not to pay take in the meals provided; there is a difference. My decision has not changed and any further action on this issue can be reviewed by the Region.

Offender sent ☐ Yes ☒ No

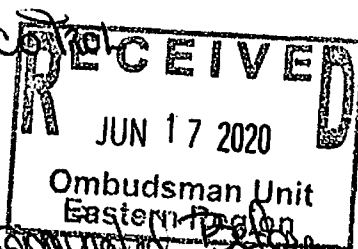
Official Responding

RECEIVED  
JUN 17 2020  
Ombudsman Unit  
Eastern Region

Date of Response

my Heart WAS Hurt Because I AM A Diabetic

I take Lipizide which is a sub for Leucoprot.  
I must eat when I take this Medication.



Bottomline The Kitchen was NOT Decontaminated Before  
The Lunch Meal Was Prepared + Served. NOR Was it Decontaminated  
Before The Dinner Meal was Prepared & Served the Kitchen  
Still DIDN'T Received Decontamination Cleaning.

Me. Brown, I AM an Expert with Nuclear Biological  
and Chemical Weapons. NBC Environments in full MOPP Level  
Mission Oriented ~~Protective~~ Protective Posture. I was The  
U.S. Army Champion with Dealing in hazardous Contaminated  
Conditions.

This I have provided you the Military shares for.  
I, cannot Risk eating that food it Really could have  
Killed Me & My family would have Never Known The Truth  
my Mental Health has been Greatly Damaged, my blood sugar  
became extremely ~~low~~ low. from the lack of food yes  
I have been hurt & I am at loss.

I am Resubmitting The Grievance it is Valid if Directly Affected  
Me. The Grievance is also founded.

Carol F. Susan

RECEIVED

MAY 26 2020

By: GRIEVANCE OFFICER

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Informal Complaint 866\_F3\_4-17

## Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name CABEL F. LUCAS Offender Number 10801073 Housing Assignment 2-A-38-B  
 Individuals Involved in Incident Food Service Supervisor, Security, HCC, Administration Date/Time of Incident 24 April 2020 10:41 AM

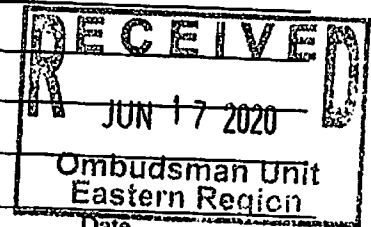
- ☐ Unit Manager/Supervisor  
☐ Personal Property  
☐ Medical Administrator  
☒ Food Service  
☐ Commissary  
☐ Other (Please Specify):  
☐ Institutional Program Manager  
☐ Mailroom

Briefly explain the nature of your complaint (be specific): Denied Food + Food Service Housing 6-A inmates in chow hall  
at 1030 AM Friday 24 April 2020. After my Medical Treatment, I was moved to Housing Unit 6-A. This is a food service hazard. The potential contamination of the food, food equipment, food service personnel to cross contaminate the temp being prepared for lunch the temps arrived at my dorm at 11:17 AM. The chow hall still had inmates from 6-A inside without being properly decontaminated, sterilized, & sanitized. I am ill with chronic sinus, prostate, hypertension, diabetic, heart condition. I had to refuse the meal. Healthier visitors & very sick inmates.  
 Offender Signature Cabel F. Lucas Date 24 April 2020 Victim me

Offenders - Do Not Write Below This Line

Date Received: 4-28-20  
 Response Due: 5-13-20  
 Action Taken/Response:

Tracking # HCG20-INF-00706  
 Assigned to: Rosett Brown, FO



Respondent Signature

Printed Name and Title

Date

**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt Report

VACORIS C - #.0

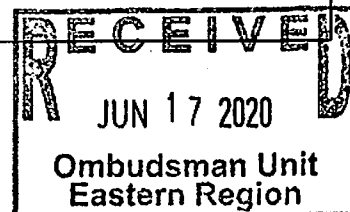
DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 04/28/2020 at 04:01 PM

Grievance Number: HCC-20-INF-00706Next Action Date: 5/13/2020 12:00:00 AM

On this date:	04/28/2020	I have received a statement from:
Lucas, Case# F	1080673 of	Haynesville Correctional Center
(Offender Name and DOC#)		HU2-A-38-B
		(Filed Location and Housing)
Setting out the following complaint:		
He states he was denied food because he was in Medical being triaged and 6A was in the chow on B-side while their building was being decontaminated. He states he decided not to get his meal because of this; therefore, he was denied a meal. ( Rose T. Brown, IO)		
Rose T Brown		IO
(Signature)		



Officer Initials: \_\_\_\_\_



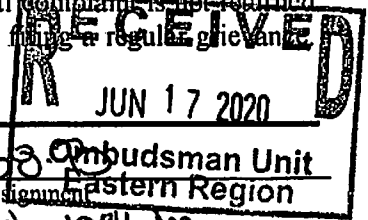
VIRGINIA

DEPARTMENT OF CORRECTIONS

Informal Complaint 866\_F3\_4-17

## Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.



CABEL F. LUCAS

1080173

2-A-38 Ombudsman Unit

Offender Name

Offender Number

Housing Assignment Eastern Region

Food Service Supervisor, Security, HCC Administration

24 Apr 2020 10:41 AM

Individuals Involved in Incident

Date/Time of Incident

- ☐ Unit Manager/Supervisor  
☐ Personal Property  
☐ Medical Administrator

- ☒ Food Service  
☐ Commissary  
☐ Other (Please Specify):

- ☐ Institutional Program Manager  
☐ Mailroom

Briefly explain the nature of your complaint (be specific): Denied Food + Food Service Housing to A inmates in Chow Hall

At 10:00 AM Friday 24 April 2020. After my Medical Treatment, I witnessed inmates contaminated from Housing Unit 6-A being moved within B Side Chow Hall. This is a Food Service Hazard. The Potential Contamination of the Food, Food Equipment, Food Service Personnel To Cross Contaminate the Trays being prepared for lunch the trays arrived at my Dorm at 11:17 AM. The Chow Hall still had inmates from 6-A inside without being properly decontaminated, sterilized, & sanitized. I'm a 48 year old with Chronic Lung Disease, Hypertension, Diabetes, Heart Condition. I had to refuse the meal. Penalties: violations & disciplinary

Offender Signature Cabel F. LucasDate 24 April 2020 Violations

Offenders - Do Not Write Below This Line

Date Received: 4-28-20Response Due: 5-13-20

Action Taken/Response:

Tracking # HCC 20-INE-00706Assigned to: Rose T. Brown, IC

The VADOC and the Department of Health has issued preventive measures for staff and offenders to follow guidelines on handwashing and hand sanitizer usage, and social distancing. The DOC has established food preparation and distribution, and offender sanitation crew to ensure comply with safety, security, policies, procedures, and practices.

Respondent Signature Rose T. BrownPrinted Name and Title Rose T. Brown, ICDate 5-7-20

## WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

BY: GRIEVANCE OFFICE

Revision Date: 4/28/17

**Problem Sheet 720 F32 10-16**

Date:	Medical Condition
	Gerd
	Abd gas lg hx
	dry eye
	Weakness to @ side of face (injury in 1999) resolved
	Nicotine dependency
	D/D of Knees by Symptoms
	Fibromyalgia
	Weapons of mass destruction exposure
	HTN
	Migraines
	diabetes

Revision Date: 10/14/11

IN THE APPEAL OF  
CASEL F. LUCAS

SS 2 [REDACTED]  
Docket No. 13-22 962

3. The Veteran's right elbow pain has been linked to a diagnosis of right elbow strain, and the preponderance of the evidence is against finding that his right elbow strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease.

4. The Veteran's flexion contracture, DIP joint, right fifth finger, has been related to service.

5. The Veteran's flexion contracture, DIP joint, left fifth finger, has been related to service.

6. The Veteran's right ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease

7. The Veteran's left ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease

8. The Veteran has not manifested a diagnosis of CFS during the pendency of his appeal; nor has he been diagnosed with a medically unexplained chronic multi symptom illness.

9. The preponderance of the evidence of record establishes recurrent upper respiratory infections as a diagnosable but medically unexplained chronic multi symptom illness.

10. The preponderance of the evidence is against finding that the Veteran has a sleep disorder due to a disease or injury in service, to include specific in-service event, injury, or disease.

11. The Veteran's GERD began during active service.

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been diagnosed with CFS or with any medically unexplained chronic multi-symptom illness. The existence of a current disability is the cornerstone of a claim for VA disability compensation. *See Brammer v. Derwinski, supra*. As such, without a current diagnosis, the Veteran lacks the evidence necessary to substantiate his claim for service connection. The Board acknowledges that the Veteran does appear to have experienced fatigue, particularly as a result of his difficulties sleeping, but that fact alone does not necessitate the diagnosis of CFS which requires a specific set of symptomatology beyond just fatigue.

**5. Entitlement to service connection for recurrent upper respiratory infections.**

The Veteran contends he has respiratory problems due to various exposures in Iraq during the Gulf War, including chemicals and toxins, and exposure to WMDs after the demolition of an arms facility. He also contends he has had recurrent upper respiratory infections, to include pneumonia, and bronchitis, requiring treatment, since his service in Desert Storm.

Service treatment records show that in April 1988, the Veteran was treated for asthmatic bronchitis, and in May 1988 he was hospitalized for acute respiratory disease.

On a VA examination in March 2011, the Veteran reported his respiratory condition had an onset in the 1990s, and that he had recurrent upper respiratory infections requiring treatment since Desert Storm. The diagnosis was recurrent upper respiratory infections, which the examiner indicated was, by VBA definition category # (2), a diagnosable but medically unexplained chronic multi symptom illness of unknown etiology. The examiner opined it was at least as likely as not the Veteran's recurrent upper respiratory infections were related to a specific exposure event he experienced during his service in Southwest Asia. The examiner noted that signs and symptoms that may be manifestations of both undiagnosed illnesses or diagnosed medically unexplained chronic multi-symptom illnesses include signs or symptoms involving the upper respiratory system.

As noted above, signs and symptoms which may be manifestations of medically unexplained chronic multi symptom illnesses include respiratory symptoms.

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38 C.F.R. § 3.317(b). Therefore, the VA examiner's 2011 assessment of the Veteran's recurrent upper respiratory infections as a diagnosable but medically unexplained chronic multi symptom illness is consistent with the regulations governing such illnesses. Review of the record and resolving reasonable doubt in favor of the Veteran, the Board finds that his respiratory symptoms manifested to a degree of 10 percent or more not later than December 31, 2021, and service connection for this condition is therefore warranted. 38 C.F.R. § 3.317.

**6. Entitlement to service connection for sleep disorder.**

The Veteran contends he has a sleep disorder due to various exposures during the Gulf War, including chemicals and toxins, as well as exposure to WMDs after the demolition of an arms facility. He also contends he has had restless sleep and sleep disruptions since 1990/1991.

In a June 1999 treatment record from the Virginia Department of Corrections, it was noted that the Veteran had reported he was not able to sleep well and the impression was sleep disorder. Subsequently, it was noted in prison records that he was prescribed Benadryl as a sleeping medication.

The Board concludes that, while the Veteran arguably was diagnosed with a sleep disorder in June 1999, and he has reported having sleep problems since service, the preponderance of the evidence weighs against finding that he has a sleep disorder that began during service or is otherwise related to an in-service injury, event, or disease. 38 U.S.C. §§ 1110, 1131, 5107(b); *Holton v. Shinseki*, 557 F.3d 1363, 1366 (Fed. Cir. 2009); 38 C.F.R. § 3.303(a), (d).

In this regard, private treatment records from prison show the Veteran was not diagnosed with a sleep disorder until 1999, which is 7 years after his separation from service. While the Veteran is competent to report having experienced symptoms of restless sleep and sleep problems since service, he is not competent to provide a diagnosis in this case or determine that these symptoms were manifestations of a sleep disability, as the issue is medically complex. *Jandreau v. Nicholson*, 492 F.3d 1372, 1377, 1377 n.4 (Fed. Cir. 2007).

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The Board also notes that on a VA examination in March 2011, the Veteran reported restless sleep since 1990. He denied snoring or stopping breathing in his sleep. He reported he stopped his medication for bipolar disorder and sleeping, reporting that if he was on medication in prison, they would not let him do anything. The examiner indicated that for the claimed sleep condition there was no pathology to render a diagnosis, and, therefore, no opinion was rendered. It was also noted to "please see the [Compensation and Pension] mental health examination". In the April 2011 VA examination regarding PTSD, it was noted that the Veteran reported sleep impairment, including tossing and turning with an inability to sleep due to joint pain and uncomfortable prison beds. Notably, the Veteran is already service-connected for PTSD therefore any sleep impairments resulting from that disability is contemplated by the rating assigned for that disability.

The Board finds that the VA examiner's opinion in 2011 is probative, because it is based on an accurate medical history and provides an explanation that contains clear conclusions and supporting data. *Nieves-Rodriguez v. Peake*, 22 Vet. App. 295, 304 (2008). Consequently, the Board gives more probative weight to the 2011 VA examiner's opinion.

**7. Entitlement to service connection for GERD.**

The Veteran contends he currently has a gastrointestinal condition that had an onset in 1990, and also contends exposure to deadly toxins in the Gulf War caused him to have diarrhea, flatulence, stomach pains and cramps, and burning in throat and esophagus.

On a VA examination in March 2011, the Veteran reported his gastrointestinal condition had an onset in 1990, and that he had diarrhea for 2 years after his return from Desert Storm in 1990. He reported daily heartburn and regurgitating bile at least daily and flatus with any food. He reported an episode of vomiting blood with severe gastritis in August 1992, and underwent an x-ray which was negative for ulcer, but no episodes of vomiting blood since 1993. The diagnosis was GERD. The examiner indicated that for the claimed condition of flatus and lower abdominal discomfort there was no pathology to render a diagnosis. The examiner opined that GERD was a diagnosable chronic multi-symptom illness with a

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partially explained etiology, and opined that it was at least as likely as not the Veteran's GERD was related to a specific exposure event he experienced during service in Southwest Asia. For rationale, the examiner noted the Veteran reported his gastrointestinal problems began during the Gulf War, that he perhaps incurred mucosal damage due to exposure events, and that he continued with GERD which he was on medication to control.

In light of the VA examiner's opinion in 2011, the Board finds that the Veteran's GERD is not medically unexplained and, therefore, it is not a qualifying chronic disability under this regulation. However, as noted above, even though the Veteran does not qualify for presumptive service connection, in light of the VA examiner's opinion linking the Veteran's GERD to active service, service connection is warranted. *Combee v. Brown, supra*.

**8. Entitlement to service connection for genitourinary problems and impotency.**

The Veteran contends he experienced erectile dysfunction and impotency when he returned from service in the Gulf War, as well as burning with urination and ejaculation, which he reported he continued to experience. He contends his impotency and genitourinary problems are due to various exposures during the Gulf War, including chemicals and toxins, as well as exposure to WMDs after the demolition of an arms facility.

The question for the Board is whether the Veteran has a current disability that began during service or is at least as likely as not related to an in-service injury, event, or disease.

The Board concludes that the Veteran does not have a current diagnosis of a genitourinary disorder or impotency and has not had such a diagnosis at any time during the pendency of the claim or recent to the filing of the claim. 38 U.S.C. §§ 1110, 1131, 5107(b); *Holton v. Shinseki*, 557 F.3d 1363, 1366 (Fed. Cir. 2009); *Romanowsky v. Shinseki*, 26 Vet. App. 289, 294 (2013); *McClain v. Nicholson*, 21 Vet. App. 319, 321 (2007); 38 C.F.R. § 3.303(a), (d).

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§ 20.204. At the videoconference hearing in March 2018, the Veteran indicated he wanted to withdraw his appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD. Therefore, the Board does not have jurisdiction to decide any appeal for that benefit and the appeal must be dismissed.

**REASONS FOR REMAND**

**1. Entitlement to service connection for patellofemoral syndrome, right knee.**

The Veteran contends he has joint pain in the right knee related to various exposures during the Gulf War, including chemicals and toxins, and WMDs (weapons of mass destruction) through a demolition of an arms facility. He also contended, including on the VA examination in 2011, that he hurt his right knee in Germany in 1989 when he fell off a Howitzer and that it had never been the same.

On the VA examination in March 2011, the examiner opined that the Veteran's right patellofemoral syndrome was not related to a specific exposure event he experienced during his service in Southwest Asia. For rationale, the examiner noted that the Veteran's right knee patellofemoral syndrome "may be" from the commonly accepted cause of overload, as he described an injury in Germany in 1989 and a lot of running, noting that he has reported right knee pain since the right knee injury in 1989. The examiner also noted there was no in-service treatment record of a right knee injury or treatment, and no records of treatment for his right knee after leaving the service in 1992 to the present.

The Board notes that the VA examiner did not provide a definitive opinion as to whether the Veteran's right knee patellofemoral syndrome is related to his report of a knee injury in 1989 in service and lots of running. Once VA undertakes the effort to provide an examination when developing a service-connection claim, it must provide an adequate one. *See Barr v. Nicholson*, 21 Vet. App. 303, 310-11 (2007). Therefore, the Board concludes that another VA opinion is warranted.

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**2. Entitlement to an initial rating in excess of 10 percent for PTSD is remanded.**

In March 2018, the Veteran testified his PTSD symptoms had gotten worse at times since he was last examined by VA in 2011. In light of his testimony, he should be provided an opportunity to report for a VA examination to ascertain the current severity and manifestations of his PTSD.

The record reflects that the Veteran is currently incarcerated. The Board is aware of the potential logistical difficulties in affording an incarcerated veteran an examination. However, the duty to assist incarcerated veterans requires VA to tailor its assistance to meet the peculiar circumstances of confinement because these individuals are entitled to the same care and consideration given to their fellow veterans. *See Bolton v. Brown*, 8 Vet. App. 185, 191 (1995); M21-1, Part III, Subpart iv, Chapter 3, Section F, Topic 2. The Board recognizes that VA does not have the authority to require a correctional institution to release a veteran so that VA can provide him the necessary examination at the closest VA medical facility. 38 U.S.C. § 5711. Nevertheless, VA's duty to assist an incarcerated veteran includes: (1) attempting to arrange transportation of the claimant to a VA facility for examination; (2) contacting the correctional facility and having their medical personnel conduct an examination according to VA examination worksheets; or, (3) sending a VA or fee-basis examiner to the correctional facility to conduct the examination. *See Bolton*, 8 Vet. App. at 191.

In affording an incarcerated veteran an examination, the RO must document substantial efforts to schedule and conduct the examination and associate such documentation to the claims folder. Additionally, Veterans Health Administration (VHA) compensation clinics must provide documentation that they have made substantial attempts to schedule and conduct the examination and have exhausted all possible venues for obtaining access to the incarcerated veteran for the examination. *See VA Adjudication Procedure Manual M21-1, Part III, Subpart iv, Chapter 3, Section F, Topic 2.*

The matter is REMANDED for the following actions:

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CASEL F. LUCAS

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1. With any assistance needed from the Veteran, obtain any outstanding VA and/or private medical records and associate them with the claims file.
2. After all additional records are associated with the claims file, to the extent available, obtain an addendum opinion from the March 2011 VA examiner or other appropriate clinician regarding whether the Veteran's right knee patellofemoral syndrome is at least as likely as not (i.e., a 50 percent or greater degree of probability) related to his active service, to specifically include his competent report that he hurt his right knee in Germany in 1989 when he fell off a Howitzer and did a lot of running. The examiner should review the claims file and explain the rationale for all opinions given. If the examiner is unable to provide the requested opinion without resort to speculation, it should be so stated along with an explanation as to the reason(s) therefor. If deemed necessary by the examiner, a physical examination of the Veteran should be conducted.
3. Schedule the Veteran for an examination by an appropriate clinician to determine the current severity of his service-connected PTSD. The examiner should review the claims file and provide a full description of the Veteran's PTSD disability and report all signs and symptoms necessary for evaluating his PTSD.

(Continued on the next page)

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4. In scheduling any examination, the RO must follow the special duty to assist requirements for incarcerated veterans. *See Bolton*, 8 Vet. App. At 191; M21-1, Part III, Subpart iv, Chapter 3, Section F, Topic 2.



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A. ISHIZAWAR  
Veterans Law Judge  
Board of Veterans' Appeals

ATTORNEY FOR THE BOARD

D.M. Casula, Counsel

CERTIFICATE IN LIEU OF LOST OR DESTROYED

## Discharge



Armed Forces of the United States

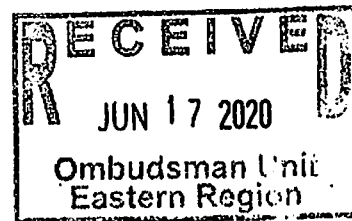
*This is to certify that*

CASEL FRANK LUCAS SPECIALIST USAR

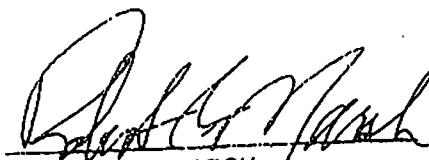
*was discharged from the*

Army of the United States

*by* Honorable Discharge  
*on* 12 March 1996  
*at* St. Louis, MO



*Given at Washington, D. C., on* 19 July 2006

  
ROBERT T. MARSH  
Colonel, AG



VIRGINIA DEPARTMENT OF CORRECTIONS

**Grievance Receipt**



866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/24/2020 at 09:58 AM

Grievance Number: HCC-20-INF-01191Next Action Date: 07/09/2020 12:00 AM

On this date:	06/24/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
R Brown, IO - Ombudsman violations of the stipulated settlement agreement COVID19 Whorley v Northam.		
		
(Signature)		(Title)

RECEIVED

VIRGINIA  
DEPARTMENT OF CORRECTIONS

JUN 24 2020

Informal Complaint 866\_F3\_4-17

By: Informal Complaint Office

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: CASEY F. LUCAS Offender Number: 1080673 Housing Assignment: 2-A-38-B  
 Individuals Involved in Incident: Ombudsman AB Brown Date: April 2020 Time of Incident: 2:00 PM

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager  
☐ Personal Property ☐ Commissary ☐ Mailroom  
☐ Medical Administrator ☐ Other (Please Specify): \_\_\_\_\_

Briefly explain the nature of your complaint (be specific): Ombudsman Violations of the Stipulated Settlement Agreement COVID19 Whorley et al v. Northern Etal Case No: 3:20-cv-00255 pg. 4 (C)  
Defendants agree to provide written guidance to grievance coordinators. At VCC for the Relating to Grievances Related to COVID19 as well requests to abide by COVID19 Related policies and Protocols.  
This was not followed with these grievances HCC-20-INF-00585, HCC-20-INF-00559, HCC-20-INF-00706, HCC-20-INF-00545 these grievances are all COVID19 Related Policies & Protocols. All denied intake because they violated the safety & health of myself, staff, and inmates.  
This is the second Informal Complaint I have filed on this. NO receipt given on these protocols.  
 Offender Signature: CASEY F. LUCAS Date: 22 June 2020

## Offenders - Do Not Write Below This Line

Date Received: 6-24-2020 Tracking # HCC-20-INF-01191  
 Response Due: 7-9-2020 Assigned to: AB Brown ID  
 Action Taken/Response: \_\_\_\_\_

Respondent Signature

Printed Name and Title

Date

**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by staff submitted to Ombudsman institutional mail This is my second filing. Revision Date: 4/28/17 AB Brown

### Request

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

JUN. 01, 2020

OPERATIONS OFFICE

- FACILITY ADA Coordinator  
M.D. GREENEED

☐ Appointment Request      ☒ Question/Statement

My Request is to be Able To participate in IERP Program Due To my Chronic Disabilities.

**DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE**

Request sent to correct department ☒ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

You will need to speak to your Counselor.

**RECEIVED**

~~30124-000~~

By: \_\_\_\_\_  
GRIEVANCE OFFICER

Offender seen ☐ Yes ☒ No

Official Responding

6-7-2020  
Date of Response



STANDARD  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED

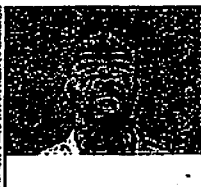
- STANDARD KEY  
1. ORALLY  
2. RIGHT BUTTOCKS (GLUTEUS)  
3. LEFT BUTTOCKS (GLUTEUS)  
4. RIGHT VENTRAL GLUTEUS  
5. LEFT VENTRAL GLUTEUS  
6. RIGHT THIGH (QUADRICEPS)  
7. LEFT THIGH (QUADRICEPS)  
8. RIGHT KNEE  
9. LEFT KNEE  
10. RIGHT ARM (DELTOID)  
11. LEFT ARM (DELTOID)  
12. RIGHT ARM (DELTOID) BACK  
13. LEFT ARM (DELTOID) BACK  
14. RIGHT ARM (DELTOID) BACK  
15. RIGHT LEG REAR  
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18. LOWER BACK LEFT  
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21. UPPER BACK RIGHT  
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26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
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32. OTHER  
33. RIGHT EYE  
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36. LEFT EAR  
37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVIAN RIGHT  
44. SUBCLAVIAN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT  
49. ANTECUBITAL RIGHT  
50. ANTECUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT  
61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. TRICEP RIGHT  
67. TRICEP LEFT  
68. HAND RIGHT  
69. HAND LEFT  
70. DORSOGLUTEAL LEFT  
71. DORSOGLUTEAL RIGHT  
72. VENTROGLUTEAL LEFT  
73. VENTROGLUTEAL RIGHT

ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 05/27/2020 STOP 05/31/2020 RX 22497803 NA	Ibuprofen 400mg Tablet - KOP SUB FOR: MOTRIN  TAKE 2 TABLET(S) ORALLY TWICE DAILY -  LEVIN, LEONARD - [MEDICAL]	NON_SCHEDULED																															
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 04/20/2020 STOP 07/18/2020 RX 32295048 NA	Linress 145mcg Capsule - KOP SUB FOR: LINACLOTIDE  *NF EXP 07/13/2020* - TAKE 1 CAPSULE(S) ORALLY ONCE DAILY -  DURRANI, ADNAN - [MEDICAL]	16:30 QUANTITY GIVEN DAYS TO LAST																															
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 04/10/2020 STOP 07/08/2020 RX 32153034 NA	Microchamber Mis - KOP  *NF EXP 07/06/2020* - FOR USE WITH INHALER AS INSTRUCTED -  DURRANI, ADNAN - [MEDICAL]	NON_SCHEDULED																															
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/11/2020 STOP 07/08/2020 RX 31608317 NA	Mirtazapine 45mg Tablet - KOP - CRUSH SUB FOR: REMERON  *CRUSH* - TAKE 1 TABLET(S) ORALLY AT BEDTIME -  LEAHY, JUSTIN - [PSYCH]	NON_SCHEDULED																															
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 02/05/2020 STOP 08/02/2020 RX 30702425 NA	Montelukast 10mg Tablet - KOP SUB FOR: SINGULAIR  TAKE 1 TABLET(S) ORALLY ONCE DAILY -  HENGLER, KELLY - [MEDICAL]	16:30 QUANTITY GIVEN DAYS TO LAST 18:30																															

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
AMB	BAHR, ADRIENNE M	JKS	SELF, JOLENE KOEHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TAMMY		
ES	STEWART, ELLEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRELL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CAIN, IRIS	KG1	GUESS, KRISTEN	NB	BOYD, NATISHA				

Diagnosis: Unspecified chronic bronchitis  
Allergies: LITHIUM, VALPROIC ACID  
Facility: HAYNESVILLE CORR CENTER  
DOB: 08/08/1969 Gender: M Alt Num: 3760807 SSN:   
HU2 - A - 38-B  
LUCAS, CASEL FRANK - 1080673  
May 2020  
PAGE 4 OF 8





SYMBOL KEY  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED

Case 3:20-cv-00255-HEH-DJN Document 56-3 Filed 05/20/20 PageID# 122

13. LEFT ARM (DELTOID) BACK  
14. LEFT LEG REAR  
15. RIGHT LEG REAR  
16. RIGHT ANTERIOR THIGH  
17. LEFT ANTERIOR THIGH  
18. LOWER BACK LEFT  
19. LOWER BACK RIGHT  
20. UPPER BACK LEFT  
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22. UPPER CHEST LEFT  
23. UPPER CHEST RIGHT  
24. ABDOMEN UPPER QUADRANT RIGHT

25. ABDOMEN UPPER QUADRANT LEFT  
26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
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32. OTHER  
33. RIGHT EYE  
34. LEFT EYE  
35. BOTH EYES  
36. LEFT EAR

37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVEN RIGHT  
44. SUBCLAVEN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT

49. ANTEROCUBITAL RIGHT  
50. ANTEROCUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT

61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. TRICEP LEFT  
67. TRICEP RIGHT  
68. HAND LEFT  
69. HAND RIGHT  
70. DORSOGLUTEAL LEFT  
71. DORSOGLUTEAL RIGHT  
72. VENTROGLUTEAL LEFT  
73. VENTROGLUTEAL RIGHT

### ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 09/10/2019	Finasteride 5mg Tablet - KOP	18:30																															
STOP 09/08/2020	SUB FOR: PROSCAR	QUANTITY GIVEN																															
RX 17059304	TAKE 1 TABLET(S) ORALLY ONCE DAILY -	DAYS TO LAST																															
NA	LEVIN, LEONARD - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/17/2020	Fluticasone 0.05% Nasal S - KOP	18:30																															
STOP 06/14/2020	SUB FOR: FLONASE	QUANTITY GIVEN																															
RX 31712327	INSTILL 1 SPRAY(S) TOPICALLY TWICE DAILY -	DAYS TO LAST																															
NA	DURRANI, ADNAN - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 05/29/2020	Gabapentin 100mg Capsule	06:00																															
STOP 11/24/2020	SUB FOR: NEURONTIN	18:30																															
RX 22524095	TAKE 2 CAPSULE(S) ORALLY TWICE DAILY -																																
0%	LEVIN, LEONARD - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 09/10/2019	glipiZIDE 5mg Tablet - KOP	12:00																															
STOP 09/08/2020	SUB FOR: GLUCOTROL	QUANTITY GIVEN																															
RX 17061034	TAKE 1 TABLET(S) ORALLY TWICE DAILY -	DAYS TO LAST																															
NA	LEVIN, LEONARD - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/11/2020	HydroXYzine HCl 25mg Tab - KOP	12:00																															
STOP 07/08/2020	SUB FOR: ATARAX	QUANTITY GIVEN																															
RX 31604305	TAKE 1 TABLET(S) ORALLY FOUR TIMES DAILY AS NEEDED FOR ANXIETY -	DAYS TO LAST																															
NA	LEAHY, JUSTIN - (PSYCH)																																

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
AMB	BAGIR, ADRIENNE M	JKS	SEL, JOLENE KOEHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TAMMY		
ES	STEWART, ELLEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRELL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CAIN, IRIS	KG1	GUESS, KRISTEN	NB	BOYD, NAIISSA				

Diagnosis: Unspecified chronic bronchitis

Allergies: LITHIUM, VALPROIC ACID

Facility: HJ - HAYNESVILLE CORR CENTER

DOB: 05/08/1969

Gender: M

Alt Num: 3760801

SSN:

HU2 - A - 38-B

LUCAS, CASEL FRANK - 1080673

Agency: HAYNESVILLE CORR CENTER

May 2020

PAGE 3 OF 8





SYMBOLS:  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED

SYMBOLS:  
1. ORALLY  
2. RIGHT BUTTOCKS (GLUTEUS)  
3. LEFT BUTTOCKS (GLUTEUS)  
4. RIGHT VENTRAL GLUTEUS  
5. LEFT VENTRAL GLUTEUS  
6. RIGHT THIGH (QUADRICEPS)  
7. LEFT THIGH (QUADRICEPS)  
8. RIGHT KNEE  
9. LEFT KNEE  
10. RIGHT ARM (DELTOID)  
11. LEFT ARM (DELTOID)  
12. RIGHT ARM (DELTOID) BACK

SYMBOLS:  
13. LEFT ARM (DELTOID) BACK  
14. LEFT LEG REAR  
15. RIGHT LEG REAR  
16. RIGHT ANTERIOR THIGH  
17. LEFT ANTERIOR THIGH  
18. LOWER BACK LEFT  
19. LOWER BACK RIGHT  
20. UPPER BACK LEFT  
21. UPPER BACK RIGHT  
22. UPPER CHEST LEFT  
23. UPPER CHEST RIGHT  
24. ABDOMEN UPPER QUADRANT RIGHT

SYMBOLS:  
25. ABDOMEN UPPER QUADRANT LEFT  
26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
29. MEDIPORT  
30. RIGHT NARE  
31. LEFT NARE  
32. OTHER  
33. RIGHT EYE  
34. LEFT EYE  
35. BOTH EYES  
36. LEFT EAR

SYMBOLS:  
37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVIAN RIGHT  
44. SUBCLAVIAN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT

SYMBOLS:  
49. ANTECUBITAL RIGHT  
50. ANTECUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT

SYMBOLS:  
61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. TRICEP LEFT  
67. TRICEP RIGHT  
68. HAND LEFT  
69. HAND RIGHT  
70. DORSOGLUTEAL LEFT  
71. DORSOGLUTEAL RIGHT  
72. VENTROGLUTEAL LEFT  
73. VENTROGLUTEAL RIGHT

### ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION VITAL	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/26/2020 STOP 09/23/2020 RX 1524693	FASTING BLOOD GLUCOSE	05:00				WC 151			EW 248				WC 143			EW 306			WC 188			JKS 231					WC N			EW 155			
	Take/Perform ONCE DAILY (INS) WEEKLY ON DAY(S) MONDAY, THURSDAY -																																
	LEVIN, LEONARD - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION VITAL	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 02/07/2018 STOP 07/14/2020 RX 841179	WEIGHT	09:00													AMB H																		
	Take/Perform ONCE DAILY (VS) ON WEEK 2 WEDNESDAY OF EVERY MONTH -																																
	LEVIN, LEONARD - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/04/2020 STOP 09/23/2020 RX 1524693 N/A	Duloxetine 60mg DR Cap - KOP SUB FOR SYMBALTA DISCONTINUED 5/29/2020 11:35 AM DURING ADVANCE MEDICAL	12:00				IC																											
		QUANTITY GIVEN																															
		DAYS TO LAST				IC 30																											
		16:30															KL																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/04/2020 STOP 09/23/2020 RX 1524693 N/A	Duloxetine 60mg DR Cap - KOP SUB FOR SYMBALTA DISCONTINUED 5/29/2020 11:35 AM DURING ADVANCE MEDICAL	QUANTITY GIVEN															KL 30																
		DAYS TO LAST															KL 30																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/04/2020 STOP 09/23/2020 RX 1524693 N/A	Gabapentin 100mg Capsule SUB FOR NEURONTIN DISCONTINUED 5/29/2020 11:35 AM DURING ADVANCE MEDICAL	06:00	U	U	VF	VF	JKS	JKS	JKS	JKS	VF	VF	VF	JKS	JKS	JKS	JKS	M	WC	M	JKS	JKS	JKS	JKS	VF	VF	VF	JKS	JKS	JKS	JKS		
		18:30					KG	KL	KL	KL	LR	LR	AMB	AMB	LR	LR	ES	TH	KG1	KG	KL	M	KL	IC	JR	IC	KL	LR	NB	NB			
		20:00	M	VF	VF																												

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
AMB	BAHR, ADRIENNE M	JKS	SELF, JOLENE KOEHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TAMMY		
ES	STEWART, ELLEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRELL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CAIN, IRIS	KG1	GUESS, KRISTEN	NB	BOYD, NATISHA				

Diagnosis: Unspecified chronic bronchitis

Allergies: LITHIUM, VALPROIC ACID

Facility: HAYNESVILLE CORR CENTER

DOB: 08/08/1969 Gender: M Alt Num: 3760801 SSN: [REDACTED]

HU2 - A - -38-B

LUCAS, CASEL FRANK - 1080673

Agency: HAYNESVILLE CORR CENTER

May 2020

PAGE 8 OF 8



STIMUL ACT  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED

Case 3:20-cv-00255-HEH-DJN Document 56-3 Filed 12/09/20 Page 32 of 32

1. ORAL  
2. RIGHT BUTTOCKS (GLUTEUS)  
3. LEFT BUTTOCKS (GLUTEUS)  
4. RIGHT VENTRAL GLUTEUS  
5. LEFT VENTRAL GLUTEUS  
6. RIGHT THIGH (QUADRICEPS)  
7. LEFT THIGH (QUADRICEPS)  
8. RIGHT KNEE  
9. LEFT KNEE  
10. RIGHT ARM (DELTOID)  
11. LEFT ARM (DELTOID)  
12. RIGHT ARM (DELTOID) BACK

13. LEFT ARM (DELTOID) BACK  
14. LEFT EYE  
15. RIGHT LEG REAR  
16. RIGHT ANTERIOR THIGH  
17. LEFT ANTERIOR THIGH  
18. LOWER BACK LEFT  
19. LOWER BACK RIGHT  
20. UPPER BACK LEFT  
21. UPPER BACK RIGHT  
22. UPPER CHEST LEFT  
23. UPPER CHEST RIGHT  
24. ABDOMEN UPPER QUADRANT RIGHT

25. ABDOMEN UPPER QUADRANT LEFT  
26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
29. MEDIPORT  
30. RIGHT NARE  
31. LEFT NARE  
32. OTHER  
33. RIGHT EYE  
34. LEFT EYE  
35. BOTH EYES  
36. LEFT EAR

37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVIEN RIGHT  
44. SUBCLAVIEN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT

49. ANTECUBITAL RIGHT  
50. ANTECUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT

61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. TRICEP LEFT  
67. TRICEP RIGHT  
68. HAND LEFT  
69. HAND RIGHT  
70. DORSOGLUTEAL LEFT  
71. DORSOGLUTEAL RIGHT  
72. VENTROGLUTEAL LEFT  
73. VENTROGLUTEAL RIGHT

### ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 02/06/2020	Visine Tears Drops - KOP  INSTILL 2 DROP(S) INTO EACH EYE TWICE DAILY AS NEEDED DRY EYES -  NA LEVIN, LEONARD - (MEDICAL)	NON_SCHEDULED																															
STOP 05/05/2020																																	
RX 30779225																																	
NA																																	
START 03/11/2020	Visine Tears Drops - KOP  INSTILL 2 DROP(S) INTO EACH EYE TWICE DAILY AS NEEDED DRY EYES -  NA LEVIN, LEONARD - (MEDICAL)	NON_SCHEDULED																															
STOP 08/08/2020																																	
RX 32644384																																	
NA																																	
START 04/04/2020	Xopenex HFA 45mcg Inhaler - KOP SUB FOR: LEVALBUTEROL HCL  INHALE 5 PUFF(S) ORALLY FOUR TIMES DAILY AS NEEDED FOR SOB VIA MICROCHAMBER -  NA LEVIN, LEONARD - (MEDICAL)	18:30																															
STOP 08/02/2020		QUANTITY GIVEN																															
RX 32112645		DAYS TO LAST																															
NA																																	
START 02/07/2018	BLOOD PRESSURE  Take/Perform ONCE DAILY (VS) ON WEEK 2 WEDNESDAY OF EVERY MONTH -  NA LEVIN, LEONARD - (MEDICAL)	09:00																															
STOP 07/14/2020																																	
RX 841177																																	
NA																																	
START 05/15/2020	BLOOD PRESSURE  Take/Perform ONCE DAILY(NURSE FOLLOWUP) WEEKLY ON DAY(S) TUESDAY, THURSDAY -  NA DIARRANI, ADNAN - (MEDICAL)	19:30																															
STOP 06/04/2020																																	
RX 1570063																																	
NA																																	

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
ANB	BABER, ADRIENNE M	JKS	SELF, JOLENE KOEHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TANNY		
ES	STEWART, ELLEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRILL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CADIN, IRIS	KG1	GUESS, KRISTEN	NB	BOYD, NATISHA				

Diagnosis: Unspecified chronic bronchitis  
Allergies: LITHIUM, VALPROIC ACID  
Facility: HAYNESVILLE CORR CENTER  
DOB: 08/08/1969 Gender: M Alt Num: 3760801  
SSN:   
HU2 - A - - 38-B  
LUCAS, CASEL FRANK - 1080673  
May 2020  
PAGE 7 OF 8



- STIMULANT  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED
- ONE SET  
1. ORAL  
2. RIGHT BUTTOCKS (GLUTEUS)  
3. LEFT BUTTOCKS (GLUTEUS)  
4. RIGHT VENTRAL GLUTEUS  
5. LEFT VENTRAL GLUTEUS  
6. RIGHT THIGH (QUADRICEPS)  
7. LEFT THIGH (QUADRICEPS)  
8. RIGHT KNEE  
9. LEFT KNEE  
10. RIGHT ARM (DELTOID)  
11. LEFT ARM (DELTOID)  
12. RIGHT ARM (DELTOID) BACK
- TWO SET  
13. LEFT ARM (DELTOID) BACK  
14. LOWER BACK  
15. RIGHT LEG REAR  
16. RIGHT ANTERIOR THIGH  
17. LEFT ANTERIOR THIGH  
18. LOWER BACK LEFT  
19. LOWER BACK RIGHT  
20. UPPER BACK LEFT  
21. UPPER BACK RIGHT  
22. UPPER CHEST LEFT  
23. UPPER CHEST RIGHT  
24. ABDOMEN UPPER QUADRANT RIGHT
- THREE SET  
25. ABDOMEN UPPER QUADRANT LEFT  
26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
29. MEDIUM PORT  
30. RIGHT NARE  
31. LEFT NARE  
32. OTHER  
33. RIGHT EYE  
34. LEFT EYE  
35. BOTH EYES  
36. LEFT EAR
- FOUR SET  
37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVIAN RIGHT  
44. SUBCLAVIAN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT
- FIVE SET  
49. ANTECUBITAL RIGHT  
50. ANTECUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT
- SIX SET  
61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. TRICEP LEFT  
67. TRICEP RIGHT  
68. HAND LEFT  
69. HAND RIGHT  
70. DORSOGLUTEAL LEFT  
71. DORSOGLUTEAL RIGHT  
72. VENTROGLUTEAL LEFT  
73. VENTROGLUTEAL RIGHT

ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 09/10/2019	Rosuvastatin 10mg Tablet - KOP	18:30																															
STOP 09/08/2020	SUB FOR: CRESTOR	QUANTITY GIVEN																															
RX 17066111	TAKE 1 TABLET(S) ORALLY AT BEDTIME -	DAYS TO LAST																															
NA	LEVIN, LEONARD - (MEDICAL)																																
START 04/13/2020	Senna PLUS Tablet - KOP	NON_SCHEDULED																															
STOP 05/12/2020	SUB FOR: SENOKOT S																																
RX 32186862	TAKE 2 TABLET(S) ORALLY ONCE DAILY AS NEEDED																																
NA	LEVIN, LEONARD - (MEDICAL)																																
START 05/04/2020	Senna PLUS Tablet - KOP	16:30																															
STOP 06/02/2020	SUB FOR: SENOKOT S	QUANTITY GIVEN																															
RX 32350449	TAKE 2 TABLET(S) ORALLY ONCE DAILY AS NEEDED	DAYS TO LAST																															
NA	NIXON, MARIAMA - (MEDICAL)																																
START 09/10/2019	Tamsulosin 0.4mg Capsule - KOP	12:00																															
STOP 09/08/2020	SUB FOR: FLOMAX	QUANTITY GIVEN																															
RX 17063117	TAKE 1 CAPSULE(S) ORALLY ONCE DAILY -	DAYS TO LAST																															
NA	LEVIN, LEONARD - (MEDICAL)																																
START 03/11/2020	TraZODone 50mg Tablet - KOP	NON_SCHEDULED																															
STOP 07/08/2020	SUB FOR: DESYREL																																
RX 31608326	TAKE 1 TABLET(S) ORALLY AT BEDTIME -																																
NA	LEAHY, JUSTIN - (PSYCH)																																

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
AMB	BAEHR, ADRIENNE M	JKS	SELF, JOLENE KOEHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TAMMY		
ES	STEWART, ELEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRELL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CAIN, IRIS	KG1	GUESS, KRISTEN	NB	BOYD, NATISHA				

Diagnosis: Unspecified chronic bronchitis

Allergies: LITHIUM, VALPROIC ACID

Facility: HAYNESVILLE CORR CENTER

DOB: 08/08/1969 Gender: M Alt Num: 3760801 SSN: [REDACTED]

Agency: HAYNESVILLE CORR CENTER

May 2020

PAGE 6 OF 8

UCAS, CASEL FRANK - 1080673



STIMULANT  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED

ONE SET  
1. ORALLY  
2. RIGHT BUTTOCKS (GLUTEUS)  
3. LEFT BUTTOCKS (GLUTEUS)  
4. RIGHT VENTRAL GLUTEUS  
5. LEFT VENTRAL GLUTEUS  
6. RIGHT THIGH (QUADRICEPS)  
7. LEFT THIGH (QUADRICEPS)  
8. RIGHT KNEE  
9. LEFT KNEE  
10. RIGHT ARM (DELTOID)  
11. LEFT ARM (DELTOID)  
12. RIGHT ARM (DELTOID) BACK

13. LEFT ARM (DELTOID) BACK  
14. LEFT LEG REAR  
15. RIGHT LEG REAR  
16. RIGHT ANTERIOR THIGH  
17. LEFT ANTERIOR THIGH  
18. LOWER BACK LEFT  
19. LOWER BACK RIGHT  
20. UPPER BACK LEFT  
21. UPPER BACK RIGHT  
22. UPPER CHEST LEFT  
23. UPPER CHEST RIGHT  
24. ABDOMEN UPPER QUADRANT RIGHT

25. ABDOMEN UPPER QUADRANT LEFT  
26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
29. MEDIPORT  
30. RIGHT NARE  
31. LEFT NARE  
32. OTHER  
33. RIGHT EYE  
34. LEFT EYE  
35. BOTH EYES  
36. LEFT EAR

37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVIAN RIGHT  
44. SUBCLAVIAN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT

49. ANTECUBITAL RIGHT  
50. ANTECUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT

61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. TRICEP LEFT  
67. TRICEP RIGHT  
68. HAND LEFT  
69. HAND RIGHT  
70. DORSOGLUTEAL LEFT  
71. DORSOGLUTEAL RIGHT  
72. VENTROGLUTEAL LEFT  
73. VENTROGLUTEAL RIGHT

### ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 02/05/2020	Montelukast 10mg Tablet - KOP SUB FOR: SINGLAIR	QUANTITY GIVEN																																
STOP 08/02/2020		DAYS TO LAST																						1C 30										
RX 30702425																																		
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 02/05/2020	Omeprazole 20mg Capsule - KOP SUB FOR: PRILOSEC	18:30																						KL										
STOP 08/02/2020		QUANTITY GIVEN																						KL 30										
RX 30702460		DAYS TO LAST																						KL 30										
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 01/10/2020	Oxybutynin 5mg Tablet - KOP SUB FOR: DITROPAN	12:00					IC																											
STOP 07/07/2020		QUANTITY GIVEN					IC 90																											
RX 30834611		DAYS TO LAST					IC 30																											
NA			18:30																												IC			
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 01/10/2020	Oxybutynin 5mg Tablet - KOP SUB FOR: DITROPAN	QUANTITY GIVEN																																
STOP 07/07/2020		DAYS TO LAST																														IC 30		
RX 30834611																																		
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
START 03/15/2020	Oyst-Cal +D 500mg Tab - KOP SUB FOR: OS CAL+D	18:30																						IC										
STOP 04/22/2020		QUANTITY GIVEN																						IC 30										
RX 31424400		DAYS TO LAST																							IC 30									
NA																																		
EFFECTIVE DATES	MEDICATION	HOUR																																

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
AMB	BAEHR, ADRIENNE M	JKS	SELF, JOLENE KOHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TAMMY		
ES	STEWART, ELLEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRELL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CAIN, IRIS	KG1	GUESS, KRISTEN	NB	BUYU, NAJISHA				

Diagnosis: Unspecified Chronic bronchitis  
Allergies: LITHIUM, VALPROIC ACID  
Facility: HU2 - HAYNESVILLE CORR CENTER  
DOB: 08/08/1969 Gender: M  
HU2 - A - 38-B  
LUCAS, CASEL FRANK - 1080673  
Agency: HAYNESVILLE CORR CENTER  
SSN: [REDACTED]  
May 2020  
PAGE 5 OF 8



**PRN/OTC MEDICATION  
ADMINISTRATION RECORD**

No records match the criteria you ☐ have selected.



**Diagnosis:** Unspecified chronic bronchitis

**Allergies** LITHIUM, VALPROIC ACID

Facility HJ - HAYNESVILLE CORR CENTER

DOB 08/08/1969

Gender M

Alt Num 3760801

Agency HAYNESVILLE CORR CENTER

SSN

HU2-A-38-B

**LUCAS, GASEL FRANK—1080673**

PAGE 1 OF 1

RECEIVED  
JUL 20 2070  
UNIT  
CITY OF NEW YORK



SYMBOL KEY  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED

SYMBOL KEY  
1. ORAL  
2. RIGHT BUTTOCKS (GLUTEUS)  
3. LEFT BUTTOCKS (GLUTEUS)  
4. RIGHT VENTRAL GLUTEUS  
5. LEFT VENTRAL GLUTEUS  
6. RIGHT THIGH (QUADRICEPS)  
7. LEFT THIGH (QUADRICEPS)  
8. RIGHT KNEE  
9. LEFT KNEE  
10. RIGHT ARM (DELTOID)  
11. LEFT ARM (DELTOID)  
12. RIGHT ARM (DELTOID) BACK

13. LEFT ARM (DELTOID) BACK  
14. DELTOID REAR  
15. RIGHT LEG REAR  
16. RIGHT ANTERIOR THIGH  
17. LEFT ANTERIOR THIGH  
18. LOWER BACK LEFT  
19. LOWER BACK RIGHT  
20. UPPER BACK LEFT  
21. UPPER BACK RIGHT  
22. UPPER CHEST LEFT  
23. UPPER CHEST RIGHT  
24. ABDOMEN UPPER QUADRANT RIGHT

25. ABDOMEN UPPER QUADRANT LEFT  
26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
29. MEDIPORT  
30. RIGHT NARE  
31. LEFT NARE  
32. OTHER  
33. RIGHT EYE  
34. LEFT EYE  
35. BOTH EYES  
36. LEFT EAR

37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVIAN RIGHT  
44. SUBCLAVIAN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT

49. ANTECUBITAL RIGHT  
50. ANTECUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT

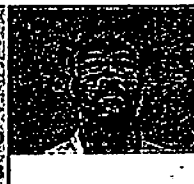
61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. HAND LEFT  
67. TRICEP RIGHT  
68. HAND RIGHT  
69. DORSOGLUTEAL LEFT  
70. DORSOGLUTEAL RIGHT  
71. VENTROGLUTEAL LEFT  
72. VENTROGLUTEAL RIGHT

## ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 02/06/2020	D-Cerin Cream - KOP	NON_SCHEDULED																															
STOP 05/05/2020	SUB FOR: HYDROCERIN																																
RX 30778573	APPLY CREAM TOPICALLY TWICE DAILY -																																
NA	LEVIN, LEONARD - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 05/12/2020	D-Cerin Cream - KOP	11:00																															
STOP 08/09/2020	SUB FOR: HYDROCERIN	QUANTITY GIVEN																															
RX 32640100	APPLY CREAM TOPICALLY TWICE DAILY -	DAYS TO LAST																															
NA	DURRANI, ADNAN - (MEDICAL)	16:30																															
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 05/12/2020	D-Cerin Cream - KOP	QUANTITY GIVEN																															
STOP 08/09/2020	SUB FOR: HYDROCERIN	DAYS TO LAST																															
RX 32640100	CONT'D																																
NA	DURRANI, ADNAN - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 02/21/2020	Diclofenac Sod 1% Gel - KOP	NON_SCHEDULED																															
STOP 03/20/2020	SUB FOR: VOLTAREN																																
RX 31095334	*NF EXP 05/18/2020* - APPLY 4 G OF 1% GEL TO AFFECTED AREA 4 TIMES DAILY (MAXIMUM: 16 G PER JOINT PER DAY) -																																
NA	DURRANI, ADNAN - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 05/29/2020	Duloxetine 60mg DR Cap - KOP	NON_SCHEDULED																															
STOP 11/24/2020	SUB FOR: CYMBALTA																																
RX 310932540	TAKE 1 CAPSULE(S) ORALLY ONCE DAILY -																																
NA	LEVIN, LEONARD - (MEDICAL)																																

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
AMB	BAEHR, ADRIENNE M	JKS	SELF, JOLENE KOEHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TAMMY		
ES	STEWART, ELLEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRELL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CAIN, IRIS	KG1	GUESS, KRISTEN	NB	BOYD, NATISHA				

Diagnosis: Unspecified chronic bronchitis  
Allergies: LITHIUM, VALPROIC ACID  
Facility: HUNTSVILLE CORR CENTER  
DOB: 08/06/1969 Gender: M Alt Num: 3760801  
HU2 - A - 38-B  
LUCAS, CASEL FRANK - 1080673  
Agency: HAYNESVILLE CORR CENTER  
SSN:   
May 2020  
PAGE 2 OF 8





STIMULI NET  
A: ABSENT  
\*: SEE NOTES  
H: HELD  
M: MISSED  
R: REFUSED  
N: NO SHOW  
C: COMPLETED

Case 3:20-cv-00255-HEH-DJN Document 56-3 Filed 02/07/21 Page 38 of 38

SITE NET  
1. ORAL  
2. RIGHT BUTTOCKS (GLUTEUS)  
3. LEFT BUTTOCKS (GLUTEUS)  
4. RIGHT VENTRAL GLUTEUS  
5. LEFT VENTRAL GLUTEUS  
6. RIGHT THIGH (QUADRICEPS)  
7. LEFT THIGH (QUADRICEPS)  
8. RIGHT KNEE  
9. LEFT KNEE  
10. RIGHT ARM (DELTOID)  
11. LEFT ARM (DELTOID)  
12. RIGHT ARM (DELTOID) BACK

13. LEFT ARM (DELTOID) BACK  
14. LEFT ARM (DELTOID)  
15. RIGHT LEG REAR  
16. RIGHT ANTERIOR THIGH  
17. LEFT ANTERIOR THIGH  
18. LOWER BACK LEFT  
19. LOWER BACK RIGHT  
20. UPPER BACK LEFT  
21. UPPER BACK RIGHT  
22. UPPER CHEST LEFT  
23. UPPER CHEST RIGHT  
24. ABDOMEN UPPER QUADRANT RIGHT

25. ABDOMEN UPPER QUADRANT LEFT  
26. ABDOMEN LOWER QUADRANT RIGHT  
27. ABDOMEN LOWER QUADRANT LEFT  
28. PIC LINE  
29. MEDIPORT  
30. RIGHT NARE  
31. LEFT NARE  
32. OTHER  
33. RIGHT EYE  
34. LEFT EYE  
35. BOTH EYES  
36. LEFT EAR

37. RIGHT EAR  
38. BOTH EARS  
39. BOTH NARES  
40. RECTUM  
41. JUGULAR RIGHT  
42. JUGULAR LEFT  
43. SUBCLAVIEN RIGHT  
44. SUBCLAVIEN LEFT  
45. DELTOID RIGHT  
46. DELTOID LEFT  
47. UPPER ARM RIGHT  
48. UPPER ARM LEFT

49. ANTECUBITAL RIGHT  
50. ANTECUBITAL LEFT  
51. FOREARM RIGHT  
52. FOREARM LEFT  
53. WRIST RIGHT  
54. WRIST LEFT  
55. ABDOMEN  
56. OUTER THIGH RIGHT  
57. OUTER THIGH LEFT  
58. VASTUS LATERAL RIGHT  
59. VASTUS LATERAL LEFT  
60. FEMORAL VEIN RIGHT

61. FEMORAL VEIN LEFT  
62. LOWER LEG RIGHT  
63. LOWER LEG LEFT  
64. FOOT RIGHT  
65. FOOT LEFT  
66. TRICEP LEFT  
67. TRICEP RIGHT  
68. HAND LEFT  
69. HAND RIGHT  
70. DORSOGLUTEAL LEFT  
71. DORSOGLUTEAL RIGHT  
72. VENTROGLUTEAL LEFT  
73. VENTROGLUTEAL RIGHT

# ROUTINE MEDICATION

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/18/2020	Advair HFA 45/21 Aer - KOP	18:30																				U											
STOP 06/13/2020	SUB FOR: ADVAIR HFA	QUANTITY GIVEN																				U											
RX 31724821	*NF EXP 06/13/2020* - INHALE 1 PUFF(S) ORALLY TWICE DAILY -	DAYS TO LAST																				U											
NA	DURRANI, ADNAN - (MEDICAL)																					U											
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/07/2020	amLODIPine 10mg Tablet - KOP	NON_SCHEDULED																															
STOP 08/04/2020	SUB FOR: NORVASC																																
RX 30744432	TAKE 1 TABLET(S) ORALLY ONCE DAILY -																																
NA	DURRANI, ADNAN - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/02/2020	Atenolol 50mg Tablet - KOP	NON_SCHEDULED																															
STOP 08/13/2020	SUB FOR: TENORMIN																																
RX 31318037	TAKE 1 TABLET(S) ORALLY TWICE DAILY -																																
NA	LEVIN, LEONARD - (MEDICAL)																																
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 04/08/2020	Atrovent HFA Inhaler - KOP	18:30																				U											
STOP 08/04/2020	SUB FOR: IPRATROPIUM BROMIDE HFA	QUANTITY GIVEN																				U											
RX 32126784	*NF EXP 08/02/2020* - INHALE 2 PUFF(S) ORALLY FOUR TIMES DAILY AS NEEDED FOR SOB VIA MICROCHAMBER -	DAYS TO LAST																				U											
NA	LEVIN, LEONARD - (MEDICAL)																					U											
EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
START 03/04/2020	Biotene Moist. Mouth Spr - KOP	18:30																				U											
STOP 06/01/2020		QUANTITY GIVEN																				U											
RX 31424423	SPRAY 2 SPRAY(S) ORALLY ONCE DAILY AS NEEDED DRY MOUTH -	DAYS TO LAST																				U											
NA	DURRANI, ADNAN - (MEDICAL)																					U											

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
AMB	BABER, ADRIENNE M	JKS	SELF, JOLENE KOEHN	KL	LANGFORD, KAYLA	TH	HETTINGER, TAMMY		
ES	STEWART, ELLEN	JR	REED, JANETT	LJ	JENNELL, LORI	VF	FERRELL, VALATASHIA		
EW	WARD, ERIN	KG	GUESS, KRISTEN	LR	ROSS, LATOYA	WC	COUSER, WALTER		
IC	CAIN, IRIS	KGI	GUESS, KRISTEN	NB	BOYD, NATISHA				

Diagnosis: Bacterial pneumonia, bronchitis  
Allergies: LITHIUM, VALPROIC ACID  
Facility: HJ - HAYNESVILLE CORR CENTER  
DOB: 08/08/1969 Gender: M  
HU2 - A - -38-B  
LUCAS, GASEL FRANK - 1080673  
Agency: HAYNESVILLE CORR CENTER  
SSN:   
May 2020  
PAGE 1 OF 8

CASEL F. LUCAS 228298166

Court of Veterans Appeals Remand 18-5157  
BVA Docket NO: 13-22-962TABLE of Contents of EXHIBIT'S

1.	PTSD RE EXAMINATION
2.	Mental Health Rating Schedule
3.	Roanoke Regional Office Concede To PTSD STRESSOR
4.	McGuire PTSD Exam DR. Bunch March 26/11 <sup>also Medical Discharge Assessment</sup>
5.	U.S. Airforce Mental Health Hospital Records
6.	DR. Bunchon McGuire PTSD Examiner Mental Exam Functioning
7.	Incomplete Mental Health Records
8.	U.S. ARMY Health Assessment
9.	STD History Treatments / Genitourinary Problems <sup>Before Deployment During Deployment After Deployment</sup>
10.	Mental Health History of Stressors Not Included by Vio Bunch
11.	Lower Back Injury 9 Dec. 1991 (14 days before Mental Breakdown)
12.	Recurrent Upper Respiratory Infections Chronic Psoriasis
13.	Genitourinary VCU Urology Specialist
14.	Support Documents of Long Term Continuity of Symptomatology <sup>10 March 1998</sup>
15.	Records from Veterans Hospital Washington DC
16.	PTSD Dental Exam § 38 U.S.C. 1151(b) Violation
17.	My Military Service Treatment Records Removed from Facility
18.	Medication Chart of All Treatment for All Injuries



## **COMMONWEALTH OF VIRGINIA**

### ***Department of Corrections***

*Division of Operations*

*Eastern Region*

Gregory L. Holloway  
Regional Operations Chief

14545 Old Belfield Rd  
Capron, VA 23829  
(434) 658-4368

July 22, 2020

C. Lucas 1080673  
Haynesville Correctional Center  
PO Box 129  
Haynesville, Virginia 22472

Dear C. Lucas:

This letter comes to advise you that your appeal package to Grievance Log # HCC-20-REG-00046 has been forwarded to the Office of Health Services in Richmond, Virginia for review and response. Operating Procedure 866.1, Offender Grievance Procedure, states that grievances relating to medical, dental, and mental health care are reviewed and responded to by the Director of Health Services.

The response time limit will commence upon their receipt of your appeal package. However, it was noted that accurate appeal instructions were not given to you by institutional staff. The receipt of your appeal package by Health Services will be at their discretion.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Cosby".

K. Cosby, Regional Ombudsman  
Eastern Regional Office

/kwc

cc: Office of Health Services *w/original attachments*  
File



VIRGINIA DEPARTMENT OF CORRECTIONS

FILE COPY

866.1 A-6

## Offender Grievance Response - Level I

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 07/08/2020 at 03:49 PM

Offender Name	DOC#	Location	Grievance Number
Lucas, Casel F	1080673	Current Haynesville Correctional Center	HCC-20-REG-00046
Housing		Filed	
HU2-A-38-B		Haynesville Correctional Center	

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE

(To be completed and mailed within 30 calendar days)

In your grievance, you state that you wanted to go to Medical for a breathing treatment and C/O Barnes violated HIPPA rules when he did not allow you to see the Nurses.

As a result of the grievance, you would like appropriate action taken against C/O Barnes.

The results of the informal process reveal Lt. R. Radabaugh responded to Informal Complaint #HCC-20-INF-00585 on May 1, 2020, stating "Medical had other offenders from another building at that time."

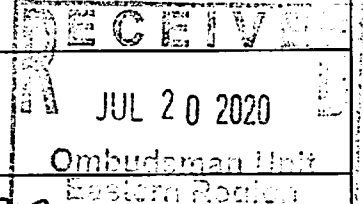
An investigation into your complaint indicates after Lt. R. Radabaugh interviewed C/O Barnes, it was revealed that there were other offenders from different housing units in Medical for triage. Due to the pandemic, C/O Barnes could not have offenders from different housing units in Medical.

Your grievance is govern by policy restricted to offender access.

After thoroughly reviewing the information presented to staff in response to your complaint and the policy governing the issue, I find your grievance to be UNFOUNDED as the statements contained within are unsubstantiated.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Regional Admin. 14545 Old Belfield Road, Capron, VA 23829



Warden/Superintendent

Date

I wish to appeal the Level I response because:

This is absolutely false. Lt. Radabaugh, Ombudsman Mr. Pearson never interviewed C/O Barnes or Mr. DAVIS, and T/O Wright. C/O BARNES has lied he specifically told Mrs. Davis that he was to busy and so are the nurses. He said the same thing to Lt. DOBINS. He violated the DOP 801.3 Managing Offenders with Disabilities pg 6, 2017. Under no circumstance, will a non-health care work substitute their judgment in place of the Health Care Provider. C/O BARNES never asked a nurse or doctor. He did this on his own. He also abused me an offender with disabilities by making me struggle

Offender Signature

Date

Casel F. Lucas 1080673

14 July 2020

for 2 hours to Breath because he was to busy. He put my life in Extreme danger. He also violated the DOP 801.3 and also violated the following Laws the Federal Americans with Disabilities Act of 1990 as amended (42 U.S.C. § 12101) Virginia with Disabilities Act (Gov. § 51.5-1 et seq.) Page 1 of 1  
I AM A Ex-military Disabled Combat Veteran with Service Connected Disabilities, and  
11 d.

For 2 Stars Denying Me My Treatment.

Then He Tried To Intimidate Me by Taking the Emergency Leaveance and Give it back to me Unanswered. I Am Being Abused More by the Staff Taking Orders and Protecting Him and His Crimes.

He Abused Me A ODD MAN

He Abused Me, A Disabled Combat Veteran.

But Making A Decision On His Own Not Asking The Medical Staff Can I Get The Breathing Treatment

The Policy is Right Here K. Cosby, DO Your Job Interview C/o Ms. Davis ~~at the prison~~

Interview Lt. Dobyns 2A Supervisor

Interview T/Offer Wright

This Man Abused me and Tortured Me For 2 Stars Denying Me My Medically Prescribed Breathing Treatment, that I get A Service Connected Disability from the U.S. Army & Veterans Affairs. I will opt. the Media I will not allow this to continue. It is never a hard choice to make when you choose to do the right thing which is the right choice. The Easy Choice.

DO the Interviews to Lt. Dobyns, C/o Ms. Davis, T/O Wright. Ask Ms. Brown the Prisoner Why She Uses Questions or Interview These Staff Members.

I WAS Right I DID NOT Get this on 8 July 2020 The Warden Didnt Sign it until 10 July 2020 and I DIDNT get it until Nov 14 July 2020

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_4-17

# REGULAR GRIEVANCE

Log Number: HCC-20-REG  
00097

CAROL F. LUCAS

1088673

2 A

2A-38-B

Name, First

Number

Building

Cell/Bed Number

C/O BURNS

13 April 2020

1515 HRS

Date/ Time of Incident

Individuals Involved in Incident

Names H. Dobyns, C/O MS Davis, Treatment Officer Wright

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or documentation of informal process.) This Grievance was legitimate. It was not responded to on time.

4/29/2020. What you have done is not by policy you violate the JOP 866 Procedures C/O BURNS

The officer of Medical violated the Hippa Law. I Requested my Breathing Treatment. C/O BURNS

Not out. Denial me this work. I'm too busy & so are the NURSES. HE Repeated

This to Officer MS DAVIS & H. Dobyns & Treatment Officer Wright. AT NO Time

Did He say to any of these officers that their were inmates from other Building

He did not ask the Nurses or Doctors about getting the Treatment. I waited

24 hours & I had an Emergency Injurer Nurse Reid, Nurse Langford, Nurse Howard

was there that Day Nurse Reid asked me about the Emergency Injurer & I said Process it

Officer Burns came to the Back of Medical & gave it Back to me. Said you

Here was to what you want with it.

What action do you want taken? ① NO OFFICER CAN Determine My Treatment or another

Inmate. Medical Staff is only able to do this Hippa Law. This need to never happen

again. I Could live died because my RESCUE Inmates <sup>WERE</sup> Not Helping

me. C/O BURNS Needs to be suspended 15 Days and Disqualified from

Working Medical Again.

RECEIVED

JUL 20 2020

Grievant's Signature: Carol F. Lucas

MAY - 8 2020

Date:

7 May 2020 Ombudsman Unit

Warden/Superintendent's Office:

By:

GRIEVANCE OFFICE

Received:



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866.1 4-1

**INSTRUCTIONS FOR FILING:** You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and receipt issued within 2 working days from received date if the grievance is not returned during intake.

**INTAKE:** Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue - resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> . |
| <input type="checkbox"/> | The intake decision is being returned to you because the 5 day time limit for review has been exceeded.                |
| <input type="checkbox"/> | The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.            |

Regional Ombudsman: \_\_\_\_\_

Date: \_\_\_\_\_

**WITHDRAWAL OF GRIEVANCE:** I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Informal Complaint 866\_F3\_4-17

### Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.  
**An Informal Complaint is not required for an alleged incident of sexual abuse.**

Offender Name: CASEY Y. LUCAS Offender Number: 1080073 Housing Assignment: 2-A-3B-B  
Individuals Involved in Incident: C/O BARNES Medical Officer Date/Time of Incident: 13 April 2020 1515 HRS.

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager  
☐ Personal Property ☐ Commissary ☐ Mailroom  
☐ Medical Administrator ☒ Other (Please Specify): C/O Barnes Violated The HIPPA Law

Briefly explain the nature of your complaint (be specific): ON 13 April 2020 at 1515 HRS. I Requested To See Medical for a Breathing Treatment. C/O Ms. Davis called Medical and was told by C/O BARNES He was Busy & Solace All of the Nurses. Ms. Davis told Lt Dobyns he call C/O BARNES and was told the same thing. I was sent by Ms. Davis and when I got to Medical I was Pump on the Door for 10 minutes. Officer BARNES Did not Come to the Door. Ms. Noel, Registry Officer called him still no answer. I returned to the Build. My Breathing Treatment is ~~not~~ Restricted Under HIPPA Law. Security cannot Dictate my treatment, Nor deny Me. That is between Me and my Doctor.

Offender Signature: CASEY Y. LUCAS 1080073 Date: 13 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020

Response Due: 4-29-2020

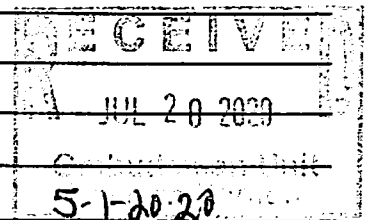
Action Taken/Response:

Tracking # HCC-20-INF-00585

Assigned to: Capt White LT Radabaugh

Medical had other offenders from another building at that time.

RECEIVED  
MAY - 8 2020



Respondent Signature: Lt. Radabaugh

By:

GRIEVANCE OFFICE

Printed Name and Title

Date

### WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: HCC-20-Reg-00046

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866\_F4\_4-16

## Emergency Grievance

Log # 8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS Offender Last Name  
CASH First  
1080673 Number  
HCC Facility  
2-A-38-B Building-Cell/Bed

## PART A- OFFENDER CLAIM

What is the emergency? ON 13 April 2020 at 1515 hrs, I requested that I be taken to MEDICAL for Breathing Treatment by C/O M. Davis. She called and spoke to C/O BARNES. Refused me my treatment said he was going to leave the Nurses. The H. DOBYS also called him again he refused. I was sent by C/O DAVIS whom I ARRIVED at Medical. I Banged on the door for 10 minutes. C/O BARNES Refused to come to the door. I had C/O NICKS call on radio still did not come. He violated the HIPAA laws. By denying me medical treatment this is severely affecting my doctor.

13 April 2020 Date/Time 15:30 HR  
CASH Offender Signature and Number 1080673

## PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen \_\_\_\_\_

☐ Submit Sick Call Request ☐ Send an Offender Request To: \_\_\_\_\_

☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) \_\_\_\_\_

☐ Your grievance has been determined to be an emergency and the following action has been taken:

☐ Sent to Hospital: Date Transported \_\_\_\_\_ ☐ Other (Provide detailed explanation below) \_\_\_\_\_

RECEIVED

MAY - 7 2020

Date/Time Respondent Signature Name/Title Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility, Unit Head, or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

GRIEVANCE OFFICE  
JUL 20 2020  
Ombudsman Unit

Determination by: \_\_\_\_\_

Signature Name/Title Printed Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

[Detach here]

## PART C- RECEIPT

Log #: 8951

LUCAS Offender Last Name  
CASH First  
1080673 Number  
HCC Facility  
2A-38B Building-Cell/Bed

I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from his/her presence for response.]

4/13/2020 1535 Date/Time  
Recipients Signature (Staff Member) Name/Title Printed

HCC-20-REG-00046 Date: 4/25/16

SP 236 (REV 7-21-1998)

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF STATE POLICE

## SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRATION FORM















 Distribution  
 Page 1 Instructions  
 Page 2 State Police  
 Page 3 Offender's Record

 RECORD COMPLETE CONVICTION  
 DATA AND AGENCY REGISTRANTS  
 PHOTOGRAPH ON THE REVERSE SIDE  
 OF THIS DOCUMENT

AGENCY NAME <b>Penitentiary, State of Virginia</b>		AGENCY DOG ADDRESS (INCLUDE PROBATION PAROLE DISTRICT #) <b>State Farm, VA 23106</b>	
OFFENDER'S TENTATIVE RELEASE DATES FROM: DEPT. CORRECTIONS CUSTODY   DISCHARGE FROM PAROLE PROBATION			
<b>DPED 9/29/2019 ; MPRD 8/29/2024</b>		OFFICIAL'S SIGNATURE <b>J. Hartman</b>	

## OFFENDER INFORMATION

LAST NAME <b>Lucas</b>	MAIDEN	FIRST <b>Case</b>	MIDDLE <b>Frank</b>	HT <b>5'11"</b>	WT <b>174</b>	HAIR <b>Blk</b>	EYES <b>Bro</b>	SEX <b>M</b>	RACE <b>B</b>
ALIASES USED		SSN <b>[REDACTED]</b>	DOB <b>018</b>	MM <b>018</b>	DD <b>119</b>	YYYY <b>1619</b>			
PHYSICAL HOME STREET ADDRESS					STATE		ZIP CODE		
SIGNATURE OF PERSON REGISTERING <b>Case 4. Lucas</b>		SID NUMBER	FBI NUMBER	INMATE NUMBER <b>266497</b>		DATE SUBMITTED <b>3/3/99</b>			

1. R. THUMB 	2. R. INDEX 	3. R. MIDDLE 	4. R. RING 	5. R. LITTLE 
6. L. THUMB 	7. L. INDEX 	8. L. MIDDLE 	9. L. RING 	10. L. LITTLE 
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY 		L. THUMB 	R. THUMB 	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY 

Shub 17B

CAROL F. LUCAS  
VSP# 1080673  
7B17 ACC Quinlines  
2/21 BARFIELD Road  
Lynchville VA. 22472

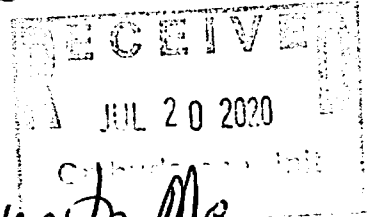
13 July 2020

K. Cooby  
Regional Ombudsman

RE: <sup>Policy, Retaliation, Hindering the Process</sup>  
<sup>Ombudsman Mr. Brown of ACC Refuses to Give me</sup>  
<sup>A Response to my complaint in the time allotted by 86b.1</sup>  
APPEAL OF ACC-20-REL-00046  
C/O BURNS Refused me my Chronic Care  
Treatment for Breathing.

NO Resolution HAS been given to ME  
Per 86b.1 In the Time frame of the  
Continuance Litigation Receipt Therefore  
I am Appealing The NO Decision Made  
at the Institution Level.

Again C/O BURNS made a Decision on his OWN  
without Regard for my life. Per Policy DOP 801.3  
Managing Standards with Disabilities Page 6 2 (A)  
Under NO Circumstances will a NON-health Care Provider



(2) ~~Appel~~ ~~C/O Barnes~~ ~~Refused~~ ~~me~~ ~~a~~ ~~Breathing~~ ~~Treatment~~ ~~That~~ ~~I~~ ~~Need~~ ~~Chronic~~ ~~Care~~

Provider where an accommodation needed to address a Physical or Mental Disability has been Prescribed.

This is a Direct Violation of this Policy To Add  
My Breathing Condition's Are Chronic Bronchitis, ~~asthma~~,  
~~asthma~~, Bronchial ~~Diagnosed~~ U.S. Army  
Recurrent Upper Respiratory Infections  
All Listed by the DOP 801.3 Page 11 & 12  
Physical and Mental Impairments.

Correctional Officer BARNES also Violated the following Laws  
HIPAA Law, Americans with Disabilities ~~Act~~, The Virginians  
with Disabilities Law.

VA DOC Employee ethics and Rules of Conduct Under  
D.O.P. 211.

This employee HAD NO REGARD for my life and by his  
Actions and Violations of the Law That Protects me, A Disabled  
Person.

Correctional Officer Barnes should Be Immediately  
Terminated for These Blatant Violations of State and Federal  
Laws and the Number of Virginia Dept. of Corrections  
Policies DOP 801.3 & DOP 211 Employee Conduct.

I have filed a Formal Employee Disciplinary Complaint against  
C/O Barnes.

I have filed a Complaint with Lt. Col. Brown Special Agent Special Investigations Unit  
1000 Atlantic Drive Suite 1000 Richmond Virginia 23225  
I will NOT let this go. You should know now the rest of the world knows.

3.

And Take The action To Discipline this officer  
for doing what he has done to me.

at Your be. Choice you have made. It Reflects the  
low Quality of Your Work and Standards Ms. Brown.

All is Well it Really should have gotten a Fair and Unbiased  
Process. Well I Never Got The Response to

LR Business HCC-20-REG-00046

it Really Think there is some type of cover

working against me. Tell me why would it be

about not getting my Response it does not improve

the situation nor resolve the Problem. However

The Grievance Process has been Ruined. That

is why I Now have taken this approach.

I have taken this to a larger platform to a much

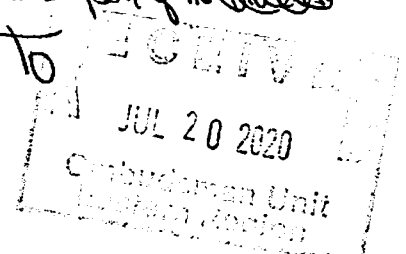
more effective process. Results. You can not control this part of the process

it has to file a Freedom of Information Act Request. To

Respectfully,

Casey J. Brown

Ryan C. McCord, J.D.  
Legal Issues Coordinator  
Virginia Dept. of Corrections



to get a copy of my Grievance Response that  
has been Denied to me here at HCC by ombudsman  
Brown.

I DO HAVE This PROOF.

Tuesday Morning around 8<sup>am</sup> to 8:30<sup>am</sup> Dad injured about this  
 Evidence Dec-20-Reg-0046. This was 2 Day Rest the

NOR DID A Wed 8 July, 9 July, 10 July or on. There is a  
Record of that call in the system. I'll be sure to inform the

Get all things in order. Because it will not stop, it will not give up,  
it is relentless and it will get justice for what this employee of Doc.  
T. has done. All roads lead to Rome -

Side without knowing all the facts and Dec it that has been going on  
should I about this with HCC-20-Reg-00046 on or 11/11/2011

Call like always at an affordable No. 0944 814 0000. My character is my strength.  
 Because I went out of the VCU Medical Center for sports with the dermatologist and pulmonary specialist.

With the Dermatologist and Pulmonary Specialist being Doctor. My Breathing  
Difficulties were extreme and what was done to me could have been fatal.  
You really should have READ what I sent to you & the VA documents of my  
Exposure to Weapons of Mass Destruction and the Damage that has plagued my  
Anus, Body and Health from my Service to U.S. Government on 16 March 1968.

(5) Will it allow this Illegal act committed by a VADCC Employee  
 to go Unpunished Properly. I Promise the Gov I did guilty to all  
 of my Crimes because I was guilty and ~~did~~ NO Matter the  
 Cost of my freedom. Now it that I feel I am truly the only  
 Person honorable and with integrity. Gov Does had a way out  
 ask Lt. Doyns a Unit Supervisor. All decided to do  
 was admit what he did to me & to Mr. Brown and apologize  
 to me. Therefore his Actions and Punishment would have remained  
 contained with a slap on the wrist. His unwillingness to admit his  
 mistakes and errors and to apologize for his own consequences  
 that will not be so forgiving. I told you that there was information  
 that you didn't know. If you can't bring yourself to believe  
 in Justice and you certainly will absolutely not defend me  
 against the Abuse of a fellow Colleague. Public Service is not so easy  
 especially when you are faced with doing what's right at some point Every  
 One must make the hard choice no matter the Cost or consequence and to Me that's Unpleasant.  
 I'm the Victim this Time, I showed my abuser compassion and he  
 could not do anything. Tell me who is the Better Person. I am I. I saved my kids  
 from the Brute of Evil & B.S. I accepted for my depreciable acts and  
 atrocities and accepted the punishment given to me and you still think I am  
 a liar, dishonest, without honor and integrity. Not so K. Corby  
 did you actually Read the documents you used to know this of me. Yet you  
 said something so incredulous that I had presented NO evidence of the Excesses  
 Process. When in fact I did just that I was appealing the NO Justice Decision of  
 the Excesses & Informal Complaint with all the correct documents to support my  
 Position. Your office did this with the Real Excesses, the Discrimination Excesses  
 Appeal of Request of Reasonable Accommodations Request all legitimate and  
 all very valid. I should remind you of this I also sent to you a copy of my  
 Certification of 80 Credit Hours of EEOC training because that the U.S. Admin →

case 3:20-cv-00255-HEH-DJN Document 56-3 Filed 12/07/20 Page 53 of 74 PageID# 600

I Infinitely Thank You For Not Sending A Private  
E-1 to the top of an officer Maybe You and Mr. Brown should  
have paid a lot of attention to that. It was no matter what and it's very  
sad that another African of color who is American is again abused  
at the hands of a White officer in the Dept. of Corrections Commonwealth  
of Virginia Capital of the South and Capital of the Confederacy -  
There is something far more important here that my abuser is  
supported by of all things systemic racism by other Afro-Americans  
Taking the side of a White officer with a troubled employee work history  
in the Dept. of Corrections. The system needs to change there is nothing  
else but prison. Get up for me. When of all things you should be  
helping me. Does anyone care? NO! NO! NO! NO! NO! NO! NO! NO! NO! NO! NO!  
I'm up because I'm a person who deserved to be treated fairly  
and given at the very least some dignity and not be constantly dehumanized  
because I incarcerated and institutionalized. Who will help me?  
Are you still against me. I am sure Ambassador Mr. Brown is certainly  
against me. How hard is it for you to reach out and help someone  
who has suffered from the abuse of the misuse of Power that could  
have killed me. Are you without compassion to help someone who has  
wronged by someone in the Commonwealth of Virginia Dept. of Corrections  
Uniform dead choices are not good when it's the right thing to do. Even if it's unpopular to do  
Are you reluctance changed? Will you help now?  
I'm just a old man a divided combat veteran I just believe it  
should be treated fairly it should not matter the color of my skin or  
the Uniform I now wear as a convicted felon. I am still a human being.  
So helping inmates is wrong. Because I'm not convicted a person in your life  
just a number a number under a name of fairness or help.



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Continuance Receipt

866.1 TBD

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 06/05/2020 at 09:24 AM

Grievance Number: HCC-20-REG-00046

Next Action Date: 07/05/2020 12:00 AM

### Continuance

Level	Due Date	Reason	By
1	07/05/2020	Awaiting information	Brown, Rose T
2			
3			

On this date: 05/08/2020 I have received a statement from:

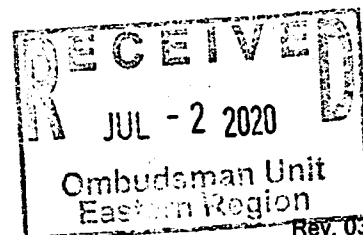
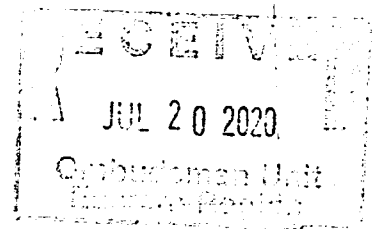
Lucas, Casel F 1080673 of Haynesville Correctional Center  
(Offender Name and DOC#) HU2-A-38-B  
(Filed Location and Housing)

Setting out the following complaint:

He states that C/O Barnes violated HIPPA laws when he denied him the right to a breathing treatment.

Rose T Brown  
(Signature)

IO  
(Title)



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_4-17

RECEIVED

REGULAR GRIEVANCE

Log Number: \_\_\_\_\_

By: GRIEVANCE OFFICE

CABEL F. LUCAS  
Name, First

1080673

Number

2-A-38B

Building

2-A-38-B

Cell/Bed Number

10/20/20  
Date/Time of Incident

13 April 2020 1515 hrs

Date/Time of Incident

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or documentation of informal process.)

C/O Barnes was the Officer in Charge of Medical Violate the HIPPA law. When I requested to come to Medical for a Breathing Treatment on the NEBULIZER Machine. He Denied this to me. I then called C/O Mr. Davis 2-A 38B and asked him for me to get a Breathing Treatment. He told Mr. Davis C/O that He was busy and so were all the Nurses. He did not ask anyone of the Nurses He made that decision on his own. So I then asked C/O Dobyns to call. He was told the same. He warned I advised C/O Barnes of what he was doing was wrong. He still Denied me. I then filed a Emergency Grievance and after 2 hours I was called over for my breathing Treatment. The Emergency Grievance was not answered. He gave me the Emergency Grievance Back and said you are over here now. I did what you want with this. This let was done to me during the COVID19 Pandemic on HCC 146 cases.

What action do you want taken? No Medical Officers & 145 A Right to Decide when I receive

A Breathing Treatment that is Medical Doctor or Nurse. He Violated The HIPPA law when He Made a decision to Deny me my Treatment without asking Medical Professionals 1st. He caused me more Pain and Trauma my Rescue Inhalers could not be enough. I could have died because of his Negligence.

Grievant's Signature: Cabel F. Lucas

Date: 30 April 2020

JUL - 2 2020

JUL 20 2020

Den/Superintendent's Office: \_\_\_\_\_

Inbudsman Unit  
Eastern Region

Inbudsman Unit

Received: \_\_\_\_\_

Handed to  
Tanner



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866.FI.4-1

**INSTRUCTIONS FOR FILING:** You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and receipt issued within 2 working days from received date if the grievance is not returned during intake.

**INTAKE:** Grievances should be accepted for logging unless returned for the following reason(s):

- ☐ Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, *Offender Discipline*.
- ☐ Disciplinary Procedure. Matters beyond the control of the Department of Corrections
- ☐ Does not affect you personally (This issue did not cause you personal loss or harm)
- ☐ Limited. You have been limited by the Warden/Superintendent
- ☐ More than one issue - resubmit with only one issue
- ☐ Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
- ☐ Repetitive. This issue has been grieved previously in Grievance #
- ☐ Inquiry on behalf of other offenders.
- ☐ Group Complaints or Petitions. Grievances are to be submitted by individuals.
- ☐ Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 *OFFENDER DISCIPLINE*
- ☐ Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
- ☐ Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
- ☐ Informal Procedure. You have not used the informal process to resolve your complaint
- ☐ Request for services
- ☐ Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
- ☒ The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: P. Hamed

Date: 5-1-2020

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

- ☐ The intake decision is being upheld in accordance with Operating Procedure 866.1 *Offender Grievance Procedure*.
- ☐ The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
- ☐ The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

**WITHDRAWAL OF GRIEVANCE:** I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt



866.1 A-3

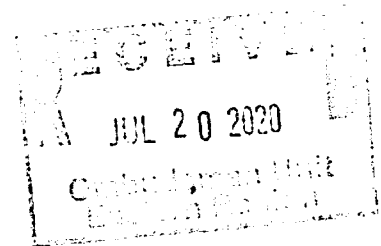
DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

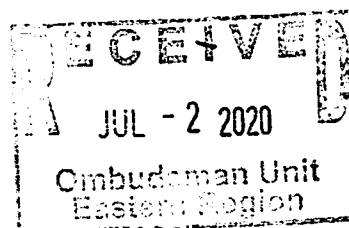
Report run on 04/14/2020 at 10:25 AM

Grievance Number: HCC-20-INF-00585Next Action Date: 04/29/2020 12:00 AM

On this date:	04/14/2020	I have received a statement from:
Lucas, Casel F	1080673	Haynesville Correctional Center
	of	HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Capt. White - Complaint about C/O Barns not letting him medical for breathing treatment.		
 (Signature)		 (Title)



RECEIVED  
MAY - 7 2020



By: \_\_\_\_\_  
GRIEVANCE OFFICE

Page 1 of 1

Rev. 03/30/2009



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Informal Complaint 866\_F3\_4-17

## Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name CASEY Y. LUCAS Offender Number 1080673 Housing Assignment 2-A-38-B  
Individuals Involved in Incident C/O BARNES Medical Admin. Date/ Time of Incident 13 April 2020 15:15 HRS.

- ☐ Unit Manager/Supervisor  
☐ Personal Property  
☐ Medical Administrator

- ☐ Food Service  
☐ Commissary  
☒ Other (Please Specify):

- ☐ Institutional Program Manager  
☐ Mailroom

Briefly explain the nature of your complaint (be specific): On 13 April 2020 at 15:15 HRS. I requested to see medical for a breathing treatment. C/O Ms. Davis called medical and was told by C/O Barnes he was busy & alone. All of the nurses, Ms. Davis told Lt. Dobson, he call C/O Barnes and was told the same thing. I was sent by Ms. Davis and when I got to medical I was being on the table for 10 minutes. Officer Barnes did not come to the door. Ms. Noel, security officer called him still no answer. I returned to the Build. My Breathing Treatment is not recorded on my HIPAA law. Security cannot dictate my treatment, nor deny me. That is between me and my doctor.

Offender Signature CASEY Y. LUCAS 1080673 Date 13 April 2020

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020  
Response Due: 4-29-2020  
Action Taken/Response:

Tracking # HCC-20-INF-60585  
Assigned to: Capt White

RECEIVED  
MAY - 7 2020

Respondent Signature By: GRIEVANCE OFFICE

Printed Name and Title

## WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866\_F4\_4-16

Emergency Grievance

Log #

8951

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

LUCAS

CASEL

1080673

HCC

2-A-88-B

Offender Last Name

First

Number

Facility

Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency?

On 13 April 2020 at 1515 hrs, I requested that I go to MEDICAL for Breathing Treatment by C/O M.S. Davis. She called and spoke to C/O BARNES. Refused me my treatment said he was busy so were the nurses. The H. DOBYS also called him again he refused. I was sent by C/O DAVIS whom I arrived at Medical. I banged on the door for 10 minutes. C/O BARNES refused to come to the door. I had C/O (NAME) call on radio still did not come. He violated the 4th law by denying me medical treatment this is severely not my doctor.

13 April 2020

Date/Time

15.934R

Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

☐ Submit Informal Complaint

☐ Evaluated by Medical: Date Seen

☐ Submit Sick Call Request

☐ Send an Offender Request To:

☐ Submit Request to Dental

☐ Other (Provide detailed explanation below)

☐ Your grievance has been determined to be an emergency and the following action has been taken:

☐ Sent to Hospital: Date Transported

☐ Other (Provide detailed explanation below)

Date/Time

Respondent Signature

Name/Title Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment

☐ Will be referred for Investigation

Determination by:

Signature

Name/Title Printed

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

(Detach here)

PART C- RECEIPT

Log #

8951

LUCAS

CASEL

1080673

HCC

2A-38B

Offender Last Name

First

Number

Facility

Building-Cell/Bed

I acknowledge receipt of this complaint from the above offender. (Complete and issue to offender if taking from his/her presence for response.)

4/13/2020

Date/Time

1535

Signature

Recipient's Signature (Staff Member)

2114

D Wright

Name/Title Printed



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt

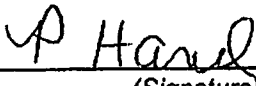
866.1 A-3

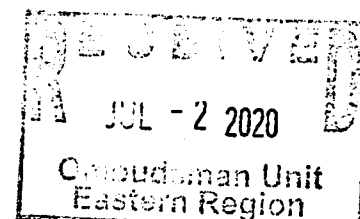
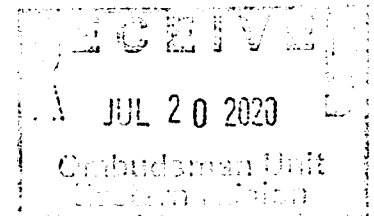
DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 04/13/2020 at 12:15 PM

Grievance Number: HCC-20-INF-00545Next Action Date: 04/28/2020 12:00 AM

On this date:	04/13/2020	I have received a statement from:	
Lucas, Casel F	1080673	of	Haynesville Correctional Center HU2-A-38-B
(Offender Name and DOC#)		(Filed Location and Housing)	
Setting out the following complaint:			
Lt. Dobyns - Complaint officer was not wearing a mask during count on 4-11-2020.			
 (Signature)		OSS (Title)	





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Informal Complaint 866\_F3\_4-17

### Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. **An Informal Complaint is not required for an alleged incident of sexual abuse.**

Offender Name: CASEL F. LUCAS Offender Number: 1080673 Housing Assignment: 2-A-38-B  
 Individuals Involved in Incident: Unit Officer Date/Time of Incident: 11 April 2020 6:30 AM

- ☐ Unit Manager/Supervisor  
☐ Personal Property  
☐ Medical Administrator

- ☐ Food Service  
☐ Commissary  
☒ Other (Please Specify):

- ☐ Institutional Program Manager  
☐ Mailroom

Briefly explain the nature of your complaint (be specific):

On 11 April 2020, The Officer Aving Court - was asked why are you Markle. He said He didn't know.

NO - One Here is Sick, WE can only get it from A Staff Member.

Offender Signature

Casel F. Lucas

Date

11 April 2020

Offenders - Do Not Write Below This Line

Date Received:

4-13-2020

Response Due:

4-28-2020

Action Taken/Response:

Tracking #

HCC-20-INT-00545

Assigned to:

Lt Dobyns

Respondent Signature

Printed Name and Title

### WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

DEPARTMENT OF CORRECTIONS

Revision Date: 4/28/17



# Virginia Department of Corrections

## Offender Management and Programs

### Operating Procedure 801.3

### *Managing Offenders with Disabilities*

#### Authority:

Directive 801, *Facility Administration*

**Effective Date:** August 1, 2019

#### Amended:

#### Supersedes:

Operating Procedure 801.3, July 1, 2016

**Access:** ☒ Public ☐ Restricted

☒ Incarcerated Offender

#### ACA/PREA Standards:

5-ACI-2C-02, 5-ACI-2C-11, 5-ACI-2C-12,  
5-ACI-2C-13, 5-ACI-3D-04, 5-ACI-5E-02,  
5-ACI-5E-03, 5-ACI-6C-06, 5-ACI-7A-01,  
5-ACI-7B-10, 5-ACI-7D-13; 4-4133, 4-4142,  
4-4143, 4-4144, 4-4277, 4-4399, 4-4429, 4-4429-1,  
4-4448, 4-4475, 4-4497; 4-ACRS-5A-19,  
4-ACRS-6A-01-1, 4-ACRS-6A-04,  
4-ACRS-6A-04-1, 4-ACRS-6A-04-2,  
4-ACRS-6B-01; 2-CI-5A-1

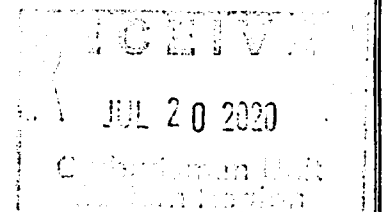
<b>Content Owner:</b>	Rose Durbin PREA/ADA Supervisor	<i>Signature Copy on File</i>	6/14/19
		Signature	Date
<b>Reviewer:</b>	Jermiah Fitz Jr. Corrections Operations Administrator	<i>Signature Copy on File</i>	6/17/19
		Signature	Date
<b>Signatory:</b>	A. David Robinson Chief of Corrections Operations	<i>Signature Copy on File</i>	7/1/19
		Signature	Date

## REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

## COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.



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**PURPOSE**

This operating procedure provides guidelines for management of and provision of reasonable accommodations to offenders with disabilities housed in Department of Corrections (DOC) facilities. It describes levels of available services, methods by which assignments are made, and appropriate security measures for offenders with disabilities in accordance with the *Americans with Disabilities Act of 1990*, as Amended (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act (COV §51.5-1 et seq.)*.

**PROCEDURE****I. Training and Responsibility**

- A. All staff, contract staff, interns, and volunteers who regularly interact with offenders will receive instruction related to the provisions of accommodations for offenders with disabilities and the requirements of this operating procedure.
- B. All staff and contract staff must complete the mandatory *Americans with Disabilities Act (ADA)* on-line training, annually. Upon completion of the training, a copy of the certificate must be printed and submitted to unit training staff or the immediate supervisor for units without training staff.
- C. Upon arrival and during formal orientation, all offenders, to include those offenders who are transferred immediately to the infirmary or restrictive housing upon intake, will be informed of their right to non-discrimination on the basis of a disability and the process for requesting a reasonable accommodation as outlined in this operating procedure. (See Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*.) (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)
  1. Each offender, upon arrival will be provided a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, which includes the DOC ADA Coordinator's contact information.
  2. The facility *Orientation Manual, Packet*, and/or other written orientation materials must include the facility ADA Coordinator's name and contact information.
- D. Information on the nature and extent of an offender's disability and any reasonable accommodations related to the disability is considered protected health information. This information is confidential and will only be disclosed to staff as necessary to provide assistance to the offender or as authorized and/or permitted by the offender.

**E. ADA Coordinator**

1. Staff and offenders have access to the DOC ADA Coordinator and a facility ADA Coordinator. (5-ACI-5E-03; 4-4429-1; 4-ACRS-6A-01-1)
  - a. The DOC ADA Coordinator is an appropriately trained and qualified individual, educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist offenders with disabilities, and all legal requirements for the protection of offenders with disabilities.
  - b. The facility ADA Coordinator is trained by the DOC ADA Coordinator in mandated legal requirements regarding disability accommodations.
2. The DOC ADA Coordinator will serve as the authority on all issues related to offenders with disabilities, reasonable accommodations, and the application of this operating procedure.
3. The facility ADA Coordinator will review all offender requests for a reasonable accommodation and, in consultation with appropriate staff, make a determination on the request and maintain documentation of the facility accommodation process to include approvals, denials, and appeals.
  - a. The following requirements will be considered when making a determination for an accommodation:
    - i. The disability, as recognized by the ADA, must be known to the DOC.
    - ii. The accommodation must not pose an undue hardship on the facility or to the safety and

JUL 20 2020



security of the offender or any other person.

- b. The facility ADA Coordinator will maintain a current listing of all facility accommodations provided to offenders.
- c. The facility ADA Coordinator will make rounds twice per month to be available to offenders. These rounds should be documented in facility logbooks.

## II. Offenders with Disabilities

- A. Offenders are essentially dependent on the physical conditions of and services provided by the facility.
- B. Facility staff must ensure that an individual with a disability will not be excluded from participation in, or be denied the benefits of, the services, programs, or activities of the facility, or be subjected to discrimination. (5-ACI-3D-04, 5-ACI-5E-02; 4-4277, 4-4429; 4-ACRS-6B-01)
- C. Reasonable accommodations must be made for offenders with disabilities, consistent with and as required by the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act* (COV §51.5-1 et seq.)
- D. Such accommodations will allow for participation in services, programs, and activities that may include but not be limited to:
  - 1. Provision of medical and mental health care, medication, auxiliary aids and services, and protection from weather related injury
  - 2. Removal of barriers to physical plant access or transfer to a facility that meets the offender's needs
  - 3. Modification to procedure and/or facility practice, unless the facility can demonstrate that making the modification would fundamentally alter the nature of the service, program or activity
- E. Offenders with disabilities must be provided education, durable medical equipment, supplies and facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment. (5-ACI-2C-13; 4-4144; 4-ACRS-6A-04-2)
  - 1. Toilet access will be provided for offenders consistent with their medical needs as determined by a facility Medical Practitioner.
  - 2. Appropriately trained individuals should be assigned to assist offenders who cannot otherwise perform major life activities. (5-ACI-2C-12; 4-4143; 4-ACRS-6A-04-1) Offender helpers should be limited to providing assistance in such matters as ambulation and should not provide personal care such as bathing.
- F. Staff and contract staff are responsible to communicate information, announcements, procedures, and other directions to offenders with communication disabilities in a manner that will maximize the offender's ability to comprehend and understand the information.
  - 1. When a disability hinders an offender's ability to communicate, facility staff must ensure that the offender is provided with necessary accommodations to assist them during orientation, medical, psychological, educational testing and evaluation, and in explanation of facility rules and procedures.
  - 2. Offenders with communication disabilities must be made aware of all facility announcements and alerts such as work call, emergencies, school, meals, count, etc.
  - 3. Offenders with communication disabilities must be provided reasonable accommodations to ensure the offender and health care providers are able to communicate effectively during all scheduled appointments at the facility to include but not limited to review of medical history, medical appointments, follow-up appointments, and treatment sessions.
    - a. When offenders are transported for medical care, facility health care providers will inform the offsite health care provider as far in advance of the offsite appointment as possible that an offender with a communication disability, such as deafness, that requires a qualified interpreter or other auxiliary aids and services will be seeking medical care.
    - b. In the case of an emergency, a facility health care provider will inform offsite medical providers



that an offender with a communication disability such as deafness that requires an in-person qualified interpreter or other auxiliary aids and services is being transported to them on an urgent basis. Notification will include the estimated time of arrival.

- c. For all offenders transported for offsite health care, a facility health care provider will ensure that the offender's communication disability and the need for an accommodation is documented on the *Offender Gate Pass* and recorded in the offender's Health Record.
4. A conspicuous notice of any communications disabilities (i.e. hard of hearing, speech impairment, language translation, vision impairment) must be noted on the Health Record of any offender whose disability affects their ability to communicate and an appropriate advisory regarding this disability must be provided to facility staff and designated in VACORIS.

### III. Determination of Disability and Reasonable Accommodations

A. All offenders receive a medical and mental health screening by a qualified Health Care Provider or health trained staff in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and the *Nursing Guideline for Medical/Location Codes*.

1. Offenders must be afforded the opportunity to disclose their present and prior disabilities and needs and request an accommodation(s) for their disability during their medical and mental health screening. The qualified Health Care Provider will:
    - a. Question the offender regarding any previous accommodation(s)
    - b. Discuss modified or additional accommodations as appropriate
    - c. Make appropriate notations in the offender's Health Record.
  2. When an offender arrives at a facility with an approved accommodation, medical equipment or an assistive device that presents any concerns, the Facility Unit Head, in consultation with the facility Medical Practitioner and ADA Coordinator, will make a decision regarding the removal of the item to minimize risk and provide alternate appropriate accommodations.
  3. The facility Health Care Practitioner may consult with the facility ADA Coordinator and DOC ADA Coordinator, as needed to determine if a requested accommodation is within the scope of the ADA.
- B. The facility Medical Practitioner, in consultation with qualified health care practitioners or specialists, and in conjunction with the affected offender, will diagnose any disability, not previously diagnosed.
1. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, offenders will be medically classified and assigned a location code.
  2. The offender's medical classification code and location code should be reviewed during the intra-system transfer process, and any time a change of the offender's condition is identified to ensure it reflects the current medical status of the offender.
  3. The facility Medical Practitioner will assign a medical/disability code, which indicates if the offender has an impairment that qualifies as a disability (i.e. legally blind, deaf, mobility impaired). This determination is based on the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and *The Virginians with Disabilities Act* (COV §51.5-1 et seq.).
  4. The Health Authority or designee will assign the medical location code, which indicates the offender's requirements for physical accommodations and access to health care services.
- C. After a disability is diagnosed, a qualified health care practitioner or specialist will determine the level of medical accommodation needed and provide appropriate medical treatment as is required by the offender's condition.
1. The facility Health Care Practitioner (i.e. physician, optometrist, dentist, psychology associate) will make a determination on the specific accommodation provided and will determine the type of auxiliary aid and/or service to be provided, considering the request of the offender with a disability, but the offender's request, although not determinative, is given priority. This information will be recorded in the offender's Health Record.

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2. If the medical equipment or assistive device required to address and accommodate an offender's disability poses an undue hardship to the facility or to the safety and security of the offender or any other person, the Facility Unit Head, in collaboration with the Health Care Practitioner, will make a decision regarding an alternate appropriate accommodation.

- Clp Brans  
Vidied this  
Deny me  
my Dr's  
TREATMENT*
- a. Under no circumstances will non-health care providers substitute their judgment for that of a health care provider where an accommodation needed to address a physical or mental disability has been prescribed.
  - b. If there are unclear issues about an accommodation, the DOC ADA Coordinator may discuss with facility staff whether the proposed accommodation poses an undue hardship to the facility or to the safety and security of the offender or any other person prior to a final decision regarding the requested accommodation.
  - c. The DOC ADA Coordinator will resolve the issue if the facility Health Care Practitioner and the Facility Unit Head cannot come to an agreement.
  - d. The DOC ADA Coordinator, as necessary, will provide written documentation to the Facility Unit Head and facility ADA Coordinator regarding the offender's protection under ADA and/or the accommodation to be provided.

D. Physical therapy will be available on or off-site, as appropriate, and will be carried out, subject to the offender's consent, as prescribed by the facility Medical Practitioner.

E. All offender requests for diagnosis of a disability, determinations about an offender having a disability, and whether the offender will receive medical accommodations for the disability must be recorded in the offender's Health Record.

F. A copy of the decisions, including but not limited to diagnoses, regarding the disability determination, the reasons for denial or modification of the request, and reasonable accommodations will be provided to the offender.

#### IV. Offender Requests for Accommodation

A. Offenders may request a reasonable accommodation for their disability by submitting a Reasonable Accommodation Request 801\_F7 to the facility ADA Coordinator. Offenders who have difficulty in communicating, understanding, or writing a Request should contact their counselor for assistance.

B. The facility ADA Coordinator will review the Request and, in consultation with appropriate staff, make a determination on the Request.

1. Reasonable Accommodation Requests will be acted upon in writing within ten business days, or a shorter time if necessary, by either granting the request, denying it, requesting further investigation, or granting it with modification. A specific reason must be stated if the request is denied or modified.

2. All Accommodation Requests with respect to medical care will be placed in the offender's Health Record with a copy forwarded to the offender and a copy maintained by the facility ADA Coordinator.

3. Accommodation Requests not specifically involving medical care will be maintained by the institutional ADA Coordinator with a copy forwarded to the offender.

C. If a facility Health Care Practitioner determines that a medically prescribed accommodation is warranted, facility health care providers will make provisions to provide for the medical accommodation.

1. Medically prescribed accommodations must be reviewed to address any facility safety and security concerns.
2. If facility health care providers have safety or security concerns regarding the medical accommodation, the facility ADA Coordinator or Facility Unit Head will be consulted.



3. If a medically prescribed accommodation poses an undue hardship on the facility or to the safety and security of the offender or any other person, the facility ADA Coordinator must notify a facility health care provider of the safety/security concerns so that the prescribed accommodation can appropriately modified.

D. In determining whether an offender's disability or accommodation poses an undue hardship to the health or safety of themselves or others, the facility ADA Coordinator must make an individualized assessment based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain:

1. Nature, duration, and severity of the risk
2. Probability that the potential injury will actually occur
3. Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids and services will mitigate the risk

E. Any offender who believes, they were discriminated against because of their disability, or decides to appeal their *Accommodation Requests* may do so in accordance with Operating Procedure 866.1, *Offender Grievance Procedure*. Grievances of this type must be initially reviewed by the facility ADA Coordinator, who should consult with the Facility Unit Head and, ultimately, the DOC ADA Coordinator.

#### V. Housing for Offenders with Disabilities

A. Facility staff will use information from the offender's *Classification Assessment* and the *Cell Compatibility Assessment* to determine appropriate housing and bed assignments for offenders with disabilities in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted). When necessary, single occupancy cells should be made available for offenders with severe medical disabilities. (5-ACI-2C-02; 4-4133)

B. Offenders with disabilities will be housed in a manner that provides for their safety and security. Housing used by offenders with disabilities, is designed for their use and provides for integration with other offenders. Programs and services will be made accessible to offenders with disabilities who reside in the facility. (5-ACI-2C-11; 4-4142; 4-ACRS-6A-04)

1. To the extent feasible, offenders with disabilities should be placed in general population settings. Offenders with disabilities requiring special health care and services will be placed in settings that provide health services appropriate to the offender's health needs.
2. Offenders with disabilities should be housed in the most integrated setting appropriate to the needs of the individuals, unless it is deemed necessary to make an exception.
  - a. Offenders who require handicap accessible cells or beds will not be placed in inappropriate security classifications due to their disability.
  - b. Offenders with disabilities will only be placed in designated medical areas when necessary to provide medical care or treatment.
  - c. Offenders with disabilities will not be placed in facilities that do not offer the same programs as the facilities where they would otherwise be housed.
  - d. Offenders with disabilities will not be deprived of visitation with family members by placing them in distant facilities where they would not otherwise be housed; this does not preclude gathering groups of offenders with similar special needs (i.e. dialysis, geriatric, deaf and hard of hearing) into one or more locations where special resources can be provided to meet those needs.

#### C. Offenders Housed in the Infirmary

1. Offenders admitted to the infirmary may have access to one or more programs and services i.e., education, work, religious services, library access, and commissary, temporarily suspended as deemed appropriate by the facility Medical Practitioner based on the offender's medical condition and level of medical care needed.



2. Offenders assigned to the infirmary for long-term care will be periodically evaluated by the facility Medical Practitioner who will determine the appropriate level of access to programs and services.
3. Determinations regarding an offender's access to programming and services will be by medical order and documented in the offender's Health Record.

#### VI. Durable Medical Equipment, Disability Aids, and Prostheses

- A. Durable medical equipment in appropriate working order, supplies, disability aids, and prostheses will be ordered and provided for offender use by the facility Medical Practitioner as necessary to prevent an offender from being excluded from participation in, or denied the benefits of, the services, programs, or activities of the institution, or from being subjected to discrimination by the institution.
- B. Operating Procedure 750.3, *Prostheses*, provides that a prosthesis or orthotic should be made available to an offender if failure to do so will exclude the offender from participation in or deny the offender the benefits of the services, programs or activities of the facility or cause the offender to be subjected to discrimination.
  1. Prostheses or orthotics will be made available only by order of a DOC Health Care Practitioner.
  2. The DOC will determine the style, type, and manufacturer of the device based on the offender's needs and relevant security considerations.
  3. Operating Procedure 720.6, *Dental Services*, provides that a dental prosthesis, subject to co-payment, should be provided for an offender if failure to do so will result in deterioration of the offender's health while incarcerated; all dental prostheses should be ordered by the facility dentist.
- C. Prosthetic (including dental) and orthotic devices, subject to co-payment in accordance with Operating Procedure 720.4, *Co-Payment for Health Care Services*, are provided for an offender if failure to do so will result in deterioration of the offender's health while incarcerated.
  1. In order to assure continuity of care, the process of ordering a device must allow enough time for completion prior to release from incarceration.
  2. If there is not enough time until release, the process of ordering the device will be done in a location convenient to the offender in their post-release community.
- D. Resources will be made available to help offenders with mobility impairments that are being discharged to have access to mobility equipment after their release.

#### VII. Offender Services

- A. Accommodations will be provided to access and fully participate in the programs and services if needed. Information will be communicated to the offender in a manner that will maximize the offender's ability to comprehend and understand the information; including interpreters for deaf offenders and other means as appropriate.
- B. Each facility will make provisions to meet the educational and vocational needs of offenders who require special placement because of physical or mental disabilities. (5-ACI-7B-10; 4-4475)
  1. Offenders will be evaluated for participation in educational programs, on a case-by-case basis, in accordance with Operating Procedure 601.4, *Educational Testing*. Eligibility to participate depends on:
    - a. Offender's ability to perform the curriculum requirements with or without reasonable accommodation
    - b. Satisfaction of procedural requirements for participation in the program
  2. Offenders may request a reasonable accommodation for educational testing and instruction as provided in Operating Procedure 601.4, *Educational Testing*.
  3. Operating Procedure 601.5, *Academic Programs*, and Operating Procedure 601.6, *Career and Technical Education Programs*, provides for reasonable accommodations to be made to ensure that

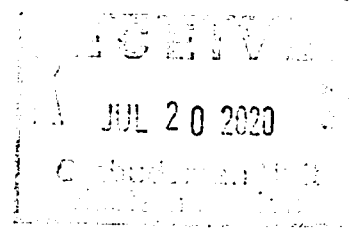


the testing procedure is not discriminatory to offenders with disabilities based on the disability. Reasonable accommodation includes extended time to complete the test, reading aides, interpreters, and/or tape recorded questions.

- C. Operating Procedure 803.3, *Offender Telephone Service*, provides specific guidance to all offenders for access and use of the telephones. Telephones at wheelchair height and, where needed, special equipment suitable for use by the hearing impaired, including videophones, are provided. (5-ACI-7D-13; 4-4497; 4-ACRS-5A-19)
  - 1. Offenders with hearing and/or speech disabilities, and offenders who wish to communicate with parties who have such disabilities, are afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment.
  - 2. Public telephones with volume control are also made available to offenders with a hearing impairment.
- D. Offenders with disabilities will be provided the same access to recreation as other offenders in the same housing status as provided in Operating Procedure 841.6, *Recreation Programs*, and Operating Procedure 841.4, *Restrictive Housing Units*.
  - 1. Such opportunities for recreation will include, but are not limited to, provision of reasonable accommodations so that disabled offenders may participate in recreational programs to the greatest extent possible.
  - 2. In addition, disabled offenders may seek and be granted accommodations in scheduling such that they may experience and participate in recreation in a safe environment.
- E. Offenders with disabilities will be provided the same access to visitation as other offenders in the same housing status as provided in Operating Procedure 851.1, *Visiting Privileges*, and Operating Procedure 841.4, *Restrictive Housing Units*. Reasonable accommodations will be provided for offenders with disabilities to allow for effective communication with their visitor. The institution will provide auxiliary aids and devices as necessary to allow disabled offenders to communicate effectively with their visitor.
- F. Offenders with disabilities will be reviewed and approved for job assignments in accordance with Operating Procedure 841.2, *Offender Work Programs*. (5-ACI-7A-01; 4-4448; 2-CI-5A-1)
  - 1. Offenders with disabilities, subject to reasonable accommodations with respect to their disability, must meet the requirements and be able to perform the specific job duties and responsibilities provided on the *Offender Work Program Position Description*. Discrimination based on the offender's disability is prohibited. (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)
  - 2. Offenders with a disability will be offered accommodations, in order to meet the requirements of the position and to be able to perform the specific job duties and responsibilities, to be considered for the job assignment.
  - 3. Under no circumstance, will offenders be placed in a job assignment that jeopardizes their safety or security or the safety and security of others.

#### VIII. Special Considerations

- A. The Facility Unit Head or a designee in addition to the facility ADA Coordinator will consult with the facility Medical Practitioner or designee prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas: (5-ACI-6C-06; 4-4399)
  - 1. Housing assignments
  - 2. Program assignment
  - 3. Disciplinary measures
  - 4. Transfer to other facilities



5. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.
- B. Operating Procedure 802.1, *Offender Property*, governs the purchase and possession of offender property items. Offenders with disabilities will be considered on a case-by-case basis for a reasonable accommodation for special property items that are consistent with the disability being addressed.
- C. Offenders with disabilities are subject to Operating Procedure 861.1, *Offender Discipline, Institutions*. Staff should take into account that an offender's disability may affect their understanding of institutional procedure; efforts should be made to communicate with the offender in a manner that will maximize the offender's ability to comprehend and understand the information.
- D. Operating Procedure 410.2, *Count Procedures (Restricted)*, will be followed in order to determine the total number of and location of offenders at all times. Offenders who have a disability, which interferes with their ability to follow normal count procedures, will be reasonably accommodated to provide for the effective performance of count.
- E. Operating procedure 411.1, *Offender Transportation (Restricted)*, provides the requirements for the secure transportation of institutional offenders; and these requirements will apply when transporting offenders with disabilities.
  1. Any offender who has a mobility impairment that makes it difficult to enter the secure transport must have use of the lift.
  2. Transport of offenders in wheelchairs:
    - a. Any offender confined to a wheelchair will be transported by a lift-equipped vehicle with the wheelchair properly secured in the vehicle.
    - b. For the convenience and safety of staff and offenders, offenders with limited mobility may be transported in a wheelchair by a lift-equipped vehicle with the wheelchair properly secured in the vehicle.
    - c. Correctional Officers will not lift offenders (either with their wheelchairs or without their wheelchairs).
    - d. Ambulatory offenders may be transported in the same vehicle with offenders in a wheelchair provided seats and safety restraints are available for each offender and the wheelchair is properly secured in the vehicle.
- F. Restraining Offenders with Disabilities
  1. Before restraining an offender who may have a medically documented disability, security staff should consult with a Medical Practitioner (or designee) to determine any restrictions on applying restraints.
  2. Unless there is a medically documented restriction regarding the use of restraints, restraints should be applied to offenders with disabilities taking into account any illness or disability that adversely affects an offender's stability, balance, and/ or coordination in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior (Restricted)*, in the same manner as any other offender.
  3. Restraints should be applied to deaf offenders with handcuffs in front to allow some communication unless there is a significant security issue.
  4. Force multipliers (chemical agents, impact weapons, canines, etc.) may be used on offenders with disabilities if necessary to protect the staff, visitors, and other offenders or to control disruptive behavior. When offender notification is required for the use of a force multiplier, offenders with communication disabilities must be notified in a manner that the offender can observe and understand.
  5. Offenders with disabilities will be restrained as authorized in Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior (Restricted)*.



**G. Use of Force**

1. Force may be used on offenders with disabilities in instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, or to maintain or regain control as provided in Operating Procedure 420.1, *Use of Force* (Restricted).
2. When such use must be preceded by the provision of an appropriate warning, this warning must be communicated by means that offenders with communication disabilities can observe and understand.

**DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE**

**ADA Coordinator** - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the *Americans with Disabilities Act* to include the review of complaints alleging non-compliance with requirements of non-discrimination for offenders with disabilities and coordination of DOC's efforts to comply.

**Auxiliary Aids and Services** - Assistance provided through services, equipment, or modifications to provide equal access for disabled or impaired individuals to activities, programs, and privileges, these aids and services may include, but are not limited to:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have visual impairments
- Functional devices to increase mobility including but not limited to walkers, canes, crutches, and manual or powered wheelchairs for individuals with mobility impairments
- Acquisition or modification of equipment or devices and other similar services and actions

**Communication Disability** - Any impairment related to speech, language, and/or auditory processing; it includes hearing impairments, visual impairments, and cognitive impairments evidenced by an inability to speak, read, and/or understand written or oral communications of information provided at the facility.

**Co-payment** - The amount paid by the offender for health care service, treatment, prosthesis, or orthotic

**Health Care Practitioner** - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist

**Health Care Provider** - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

**Major Life Activities** - Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, toileting, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

**Medical Practitioner** - A physician, nurse practitioner or physician's assistant

**Mobility Impairments** - Inability to move about without the aid of a cane, splint, crutches, wheelchair, walker, or any other form of support or because of limited functional ability to ambulate; climb, descend, sit, rise, or perform any related function

**Offender with a Disability** - Any offender who has a physical or mental impairment that substantially limits one or more of their major life activities, has a record of such impairment, or is perceived as having such impairment

**Physical or Mental Impairment** - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental

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retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

**Prosthesis or Orthotic** - An artificial device to replace a missing body part or to compensate for a defective body function, including, but not limited to:

- Artificial limbs
- Eyeglasses
- Contact lenses
- Dentures
- Hearing aids
- Orthopedic shoes
- Crutches, wheelchair, braces, support bandages, girdles, etc.

**Qualified Individual with a Disability** - An individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the facility.

**Reasonable Accommodation** - A modification, action, or adjustment that will assist an offender with a disability in the performance of essential functions or that is necessary to prevent an offender with a disability from being excluded from participation in or being denied the benefits of the services, programs and/or activities of the facility or subjected to discrimination by the facility without causing an undue hardship to the facility or to the safety and security of the offender, or any other person

**TDD Devices, Videophones, Video Relay Services** - Devices and services that assist hearing impaired offenders to communicate through the Offender Telephone Service

**Undue Hardship** - An accommodation that would be unduly costly, extensive, substantial, or disruptive; undue hardship refers not only to financial difficulty, but to accommodations that would fundamentally alter the nature or operation of the business or work performed by or at the facility or creates a direct threat to the health and safety or others. Undue hardship is an extremely high legal standard to establish for a state agency.

## REFERENCES

COV §51.5-1 et seq., *The Virginians with Disabilities Act*

42 U.S.C. §12101 et seq., *Americans with Disabilities Act of 1990*

*Nursing Guideline for Medical & Location Codes*

Operating Procedure 410.2, *Count Procedures* (Restricted)

Operating procedure 411.1, *Offender Transportation* (Restricted)

Operating Procedure 420.1, *Use of Force* (Restricted)

Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted)

Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted)

Operating Procedure 601.4, *Educational Testing*

Operating Procedure 601.5, *Academic Programs*

Operating Procedure 601.6, *Career and Technical Education Programs*

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 720.4, *Co-Payment for Health Care Services*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 750.3, *Prostheses*

Operating Procedure 802.1, *Offender Property*

Operating Procedure 803.3, *Offender Telephone Service*

Operating Procedure 810.1, *Offender Reception and Classification*

